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The Nurses' Official Registry of Buffalo

BY THEW WRIGHT, M.D.

In the minds of many people, the distribution of nursing service presents the most important problem before the profession today. In no city has it been given more thoughtful consideration than in Buffalo. The following plan contains at least one factor which is basic to success, the active participation of each of the interested groups.

IN the spring of 1925 the Nurses' Alumnae Association of the Buffalo General Hospital, which at that time conducted the only professional graduate nurses' registry in the city, appointed a committee to study the nursing conditions in Buffalo. This action was the result of the increasing feeling among the members of the Association that under the conditions as they then existed the nursing needs of the community were not being as adequately met as it was possible for them to be, with resultant dissatisfaction to the three interested parties; namely, the public, the nurses and the physicians. It was felt that if a closer association between these three could be brought about through some medium whereby they could meet and discuss the various problems associated with private duty nursing, both present and future, many misunderstandings might be cleared up and much of benefit accrue to all parties concerned. When the report of the committee of the New York State Nurses' Association, which had made a survey of nursing conditions through-

out the state, was received by the Buffalo Association, its recommendations seemed to offer the desired medium.

At this time conditions were in a highly unsatisfactory state. There were three places for nurses to register:

1. The professional registry.
2. With the hospitals.
3. The commercial registries.

The professional registry had but 269 nurses on its list which limited its field of usefulness, as a typical monthly report showed when, of 541 calls received, but 402 could be filled.

As to the commercial registries, their evils were as evident here as in most cities. For the most part there was little solicitude shown regarding the qualifications of those desiring to register, so that frequently untrained people posed as graduate nurses, often assuming ability to render service for which they were not qualified and demanding remuneration equal to or exceeding that of the graduate nurse.

Registration of nurses with their hospital training school caused much

unnecessary loss of time in its office. At this time there was also no standardization of nurses' salaries.

Realizing these facts and many others, this committee returned to the Association a report which, in many of its features, followed the recommendations made by the State Nurses' Association. A request was sent to the hospital boards of all registered schools in Buffalo and to the superintendents of the hospitals and of the training schools to meet and discuss the situation.

At this meeting, which was fully attended, the question of establishing "The Nurses' Official Registry of Buffalo," formed by combining the existing nurses' registries under one head, was approved. It was proposed that the Official Registry register and supply licensed nurses, male and female, trained nurses (State Hospital), trained attendants, male and female, and practical nurses, all groups to be controlled by rules and regulations applicable to their own amount of experience. It was also proposed that the registry be governed by a board with representatives from the various nurses' alumnae associations, the medical profession and the laity.

These recommendations were carried to the various hospital boards and received their hearty approval. The definite organization of the Official Registry and its Governing Board was then undertaken. The Visiting Nurses' Association was invited to work in coöperation and its president was made a member of the board. As finally constituted, the Governing Board, which has complete control of the registry, was composed of representatives from the medical profession, the laity, and the nursing profession, in the following ratio: (1) one-half the board consists of nurses and includes one representative from each

coöperating alumnae association, the chairman of the local League of Nursing Education and one representative for the district branch of the State Nurses' Association; (2) one-quarter from the medical profession, two of whom are appointed by the County Medical Society, the remainder being elected by the board; (3) one-quarter from the laity, selected by ballot of the board.

From the first, the wisdom of having representatives of the laity on the Governing Board has been manifest. Influential and interested citizens have willingly given of their time and thought to the work.

Meetings of the board have been held monthly and have been well attended. At these meetings the various problems connected with nursing and the proper functioning of an official registry have been discussed and settled in such manner as has seemed wise to the representatives of the three groups concerned. A schedule of charges has been established, rules and regulations governing the working of the registry formulated, a definite program of publicity adopted whereby through the press, both public and professional, the aims and working of the registry have been presented so that the public and medical profession might know the services that the registry renders.

During the first two years, which were felt to be somewhat experimental, the Nurses' Alumnae Association of the Buffalo General Hospital both sponsored and housed the registry. Since that time the registry has moved into more spacious quarters of its own and is now a thoroughly mature and established institution. The wisdom of its formation has been definitely proved and its field of usefulness is continually broadening.

Under the control of the Governing

Board, the director, a graduate licensed nurse with two assistant directors, both graduate licensed nurses, manage the actual working of the registry. Written reports are rendered by the director at the board meetings. A Committee of Censors receives and reports to the board for action all complaints received from anyone.

There is close coöperation with the Visiting Nurses' Association and all of its calls are received by the Official Registry during the hours when the office of the Visiting Nurses' Association is closed. The hourly nursing service, founded by the Visiting Nurses' Association, is cared for by the Official Registry in like manner, as well as their special night maternity service.

The following tangible results have been accomplished so far. There is a much better understanding between nurses, doctors and patients, due to their combined interest and the splendid coöperation shown among them. Without question the nursing situation is in a far better state today than before the Official Registry was established. The nurses know that their interests are being cared for and that they have the backing of an authoritative body when they need it. The medical profession finds that its wants are far better met and the public finds that its needs are more adequately filled. The registry has the unqualified endorsement of the County Medical Society and the favorable comment so often heard from individual doctors is most gratifying to

those who have worked to make the venture a success.

Through the registry, provision is now made for all classes of cases by supplying the various kinds of nurses needed. The credentials of all registrants are carefully investigated, hours of service and prices are standardized, the work of the Visiting Nurses' Association is materially helped, and by the combining of all nursing resources in the city, emergencies are adequately cared for.

During the first two years 1,079 applicants were registered under the following heads:

1. Graduates	879
2. Graduates unregistered in state ...	46
3. Trained nurses	2
4. Trained attendants	1
5. Practical nurses	151
	<hr/>
	1,079

During the same period 19,210 calls were received and 18,452 calls were filled in the following class:

1. Graduate nurses	13,189
2. Unregistered nurses	107
3. Trained attendants	122
4. Trained nurses	1
5. Practical nurses	374
6. Special hourly	122
7. V. N. A.	4,656

We realize that there are still problems to be met and that the future will bring new ones but, with the organization now fully established and its value proved, we are confident that they will be satisfactorily solved. With the three bodies whose interests are in reality identical working together for their solution, it cannot be otherwise.

For Americans in France

INCORPORATED by an Act of Congress in 1913, the American Hospital of Paris exists in order that medical and nursing care by English-speaking doctors and nurses may be available for the Americans who need it when on that "foreign shore" which is so friendly to Americans. The original hospital of 32 beds was long ago outgrown and the present beautiful institution was opened, in 1926, most appropriately on the anniversary of Miss Nightingale's birth, with impressive ceremonies in which Ambassador Herrick participated. The new hospital is a memorial to the men and women of the American Hospital and of the American Ambulance who served during the Great War. In his message, cabled for the dedication, President Coolidge said:

It is appropriate that we should build monuments to those who gave their lives in a great cause. It is equally fitting that we should remember those who labored, undaunted by difficulties and dangers, to save other human lives. I pray that this new hospital may nobly carry on in time of peace the work so unselfishly done in time of war.

The Newark (N. J.) *Evening News* of February 22, 1928, carried the following editorial note which well exemplifies the bravery of the war days.

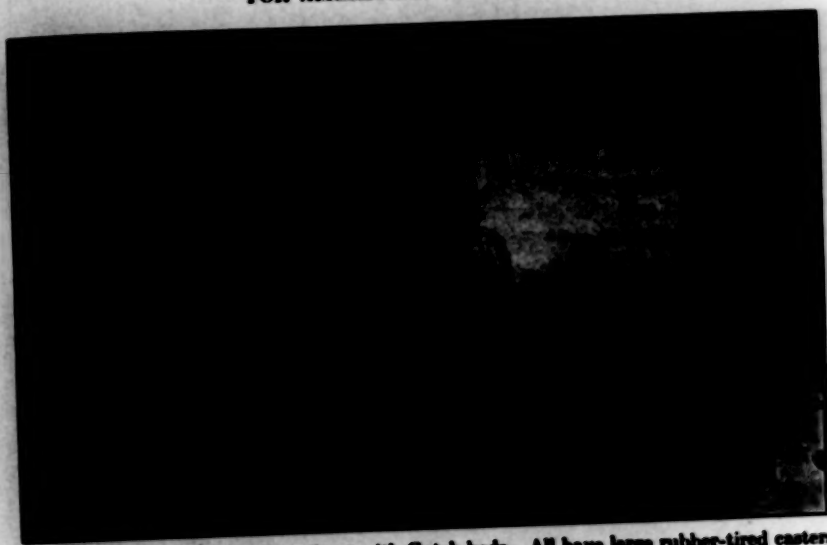
The bacteriologist of the American Hospital at Neuilly was at his wit's end. It was 1915 and the Germans had launched gas warfare upon a horror-stricken world. The problem was, for him, to discover some inoculative agent that would halt the march of the fearful gas gangrene. Dr. Taylor, the bacteriologist, had been trying various serums on guinea pigs. Results were not satisfactory; nothing definite could be done until experiments could be made on human beings. Mary Davies was a nurse in Dr. Taylor's laboratory. She knew the dire need. She did not volunteer to Dr. Taylor; she simply inoculated herself with the deadly gangrene germs and then told her superior what she had done. Twenty-four hours passed. The nurse began to mend.



ENTRANCE, BOULEVARD VICTOR HUGO,
NEUILLY-SUR-SEINE

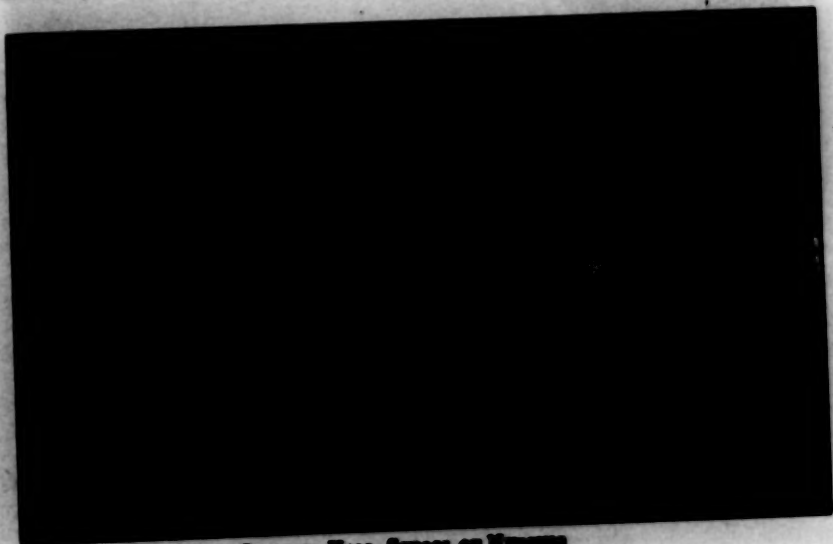
She recovered. Gangrene inoculation had saved the lives of oncoming thousands. What thoughts passed through the mind of that nurse until the issue was decided may be left to her. So Mary Davies did not die in 1915. She did die the other day, at Cannes, not of gangrene. She was braver than the millions of men who ran toward death on the battlefield. Alone, acting under no order, she walked wide-eyed into horror. A true daughter of science.

The American Hospital of Paris is a general hospital of 120 beds with medical, surgical and obstetrical services. A school of nursing was established in 1913 and two students, one from England and one from Sweden were admitted. At the present time Winifred Kaltenbach (Presbyterian Hospital School of Nursing, New York) is Superintendent of Nurses. The sixty students who are enrolled



The hospital is equipped throughout with Clatch beds. All have large rubber-tired casters in order that the utmost use may be made of the beautifully planned roofs or terraces

represent fourteen countries, including England, Ireland, United States of America, Canada, Hungary, Persia, Holland, Germany and France, but with Norwegians and Russians predominating. There are no Spanish or Italian students, otherwise the continent is completely represented. The



LECTURE HALL, SCHOOL OF NURSING

large enrollment of Russian students is easily explained, for many expatriates from that revolutionary land make Paris their home.

The requirements for admission are those of the better schools in this country; applicants must be 18 years of age and have completed four years of high school work or its equivalent.

Miss Jonassen's efforts in drawing together, in a common interest, alumnae who were scattered all over the world. One of the ambitions of the association is to provide a vacation home for its members.

Graduates of the school are keenly aware of the responsibility of being worthy representatives of this unique



The hospital is located in grounds of rare loveliness

A considerable number of the graduates come to this country for work in pediatrics or for postgraduate courses. While here they take state board examinations in order to become registered nurses, a privilege not yet accorded them in France.

An alumnae association was formed in 1925, with Pauline Barker of Connecticut, President, and Lydia Jonassen of Norway, Secretary and Treasurer. The success of the association is said to be due in large measure to

institution wherever they may be. Many of them hold positions on the hospital and nursing school staff. Vacancies as they occur are to be filled by its graduates.

A registry for graduate nurses is conducted. Through it there are sometimes opportunities for graduates of other schools, but nurses should not make the mistake of taking them for granted, but should ascertain in advance the possibilities of securing employment.

Some Aspects of Hypertension

BY FRANKLIN R. NUZUM, M.D., AND RICHARD D. EVANS, M.D.

IN the registration area of the United States, in the year 1924, 1,178,990 deaths from all causes were recorded. Of this number, 238,341, or one in five, were from one of the complications of chronic arterial hypertension; namely, cardiac failure, apoplexy, or uremia. If the deaths occurring prior to 45 years of age were subtracted from the total number, it would be found that of the persons dying after the 45th year, approximately 1 in 3 die of one of the terminal complications of chronic hypertension.

The causes of chronic hypertension are not known, but since, as Dr. Arthur Elliott has pointed out, we had practically no knowledge of increased blood pressure prior to thirty years ago, and since methods of taking blood pressure have been generally used only during the past twenty-five years, it is not to be expected that so intricate a problem would be solved in such a brief span.

An important advance in the study of chronic arterial hypertension is the recognition of essential hypertension. For many years, great confusion has existed as to whether disease of the kidneys—chronic nephritis—caused an increased blood pressure, or whether increased blood pressure caused the chronic nephritis. Sir Clifford Allbutt first described essential hypertension as a clinical entity, and defined it as a marked increase in blood pressure in individuals who had normally functioning kidneys. This stand has been bitterly attacked; even recent texts still state that essential hypertension, if it exists at all, is extremely rare.

Fishberg has added important evidence in establishing hypertension as an entity. In a series of 80 post-

mortems in instances of chronic high blood pressure, he found after careful histological examination that 72, or 88 per cent, did not have nephritis. Death resulted from a failing heart or apoplexy. In a series of 36 post-mortems that we have done on patients from private practice, patients who gave histories of hypertension of from six months to fifteen years, six, or sixteen per cent, had no evidence of nephritis. Our percentage of definitely proven essential hypertension, though smaller than Fishberg's, is, as he suggests, likely due to his patients being institutional in character, whereas ours were from private practice, and therefore more frequently sufferers from terminal illnesses.

Chronic nephritis is, then, not the cause of increased blood pressure in too large a percentage of individuals to disregard. Theories in ever-increasing number are offered; none has been proved. Among those that have been strongly acclaimed is endocrine imbalance. Excepting the relation of obesity to glandular disturbance, this has been discarded for lack of evidence. Obesity plays an important rôle in hypertension. Sir Clifford Allbutt ventures, as an explanation, the mechanical pressure of hard fat upon peripheral vessels. Certain it is that reduction of weight in such individuals is frequently accompanied by a drop in blood pressure.

The relation of foci of infection should not be disregarded. We have seen a few instances in which a return to normal blood pressure readings followed the removal of abscessed teeth, infected tonsils, and particularly the draining of infected sinuses in individuals who had had persistently elevated pressures.

The rôle of infectious disease as an etiological agent is doubtful. The importance of constipation is not established. Alvares found that most of his patients with chronic constipation had normal pressures; most of those with hypertension were not constipated. "Auto-intoxication" is likewise regarded as a false notion.

Excessive salt in the dietary, particularly advocated by Allen as important in the etiology of hypertension, and successful treatment of this condition effected by strictly and accurately controlling its intake, have not given as satisfactory results in the hands of most others who have tried it.

Spasm of the vessels, and especially of the arterioles, is being particularly emphasized at this time. Allbutt, after years of study, held that some wry product of metabolism would be found as the key. Ralph Major, searching for such a product of metabolism, found methyl guanadine, a protein extractive, in increased amounts in the blood of chronic hypertension patients. He also found that such individuals eliminate methyl guanadine with greater difficulty than do normal persons. He has found further that this product, when injected into the blood stream of dogs, causes a marked elevation of blood pressure, lasting frequently four to five hours. It remains to be seen where his researches will lead.

Elliott suspects the functional elements at work operating through the nervous system. He suggests the beginning of arterial hypertension as a vascular neurosis,

a perverted biological reaction to environmental disharmonies, particularly likely to attack the individual who through heredity has seemingly a particularly vulnerable vascular system.

The factor of heredity is the one thing in the subject of hypertension in

which there is unanimity of opinion. That the disturbance is prevalent to an astonishing degree in many generations of some families is common knowledge, but even so, heredity cannot be the exciting cause. There are other intricate factors.

We have purposely left the subject of the relation of diet to chronic hypertension until last in this discussion of etiologic factors. Recent writers have cast this relationship aside far too lightly. The protein content in the diet has for many years been suspected of playing some rôle in the etiology of chronic arterial hypertension. Its limitation in the dietary has been widely practiced. This is all important when a study of the blood chemistry reveals beginning retention of such products of protein metabolism as the non-protein nitrogen, urea nitrogen or uric acid. Critics of the rôle of protein in the dietary have disregarded research work in the experimental feeding of laboratory animals, which is at least highly suggestive. Further, it is difficult to see a reasonable objection to moderate limitation of protein in the dietary, particularly when it is granted that no harm can come of it and, since a considerable number of instances progress sooner or later on to a point where there is definite kidney involvement with renal insufficiency, it seems only logical to believe that sparing the kidney unnecessary work in the elimination of undue amounts of end products of protein metabolism might delay the final onset of chronic nephritis.

The chief value of dietary restriction has been attributed to undernutrition and any results that accrue due to a loss of weight. But apart from this group, it is our belief that satisfactory drops in pressure may be obtained in people who are not obese, whose weights do not drop, and that in such

instances the readjustment of the diet with the limitation of the protein elements to 40 to 60 grams, and a proper balance with alkaline foods such as milk, vegetables and fruits, so that the reaction of the urine remains neutral or slightly alkaline, is decidedly helpful.

In any discussion of the benefit of therapeutic procedures, one must be mindful of the course of hypertension. It is exceedingly variable, pressures fluctuate markedly and the progress of its pathological processes cannot be predicted. It is this great uncertainty that makes one hesitant concerning any statistical study.

The first change noted in studying the pathology of chronic hypertension occurs in the smaller arteries, and is a swelling of the intercellular cement substance of the intima, and of the adjacent subintimal areas. Hyaline material is then found in these areas. The hyaline substance stimulates the growth of connective tissue cells, and a splitting up and multiplication of elastic fibrils. The connective tissue proliferation tends toward a thickening and a rigidity of the vessel walls. The process is limited to the intima and subintimal areas, and usually involves only the adjacent underlying media, and then only to a very limited degree. In other larger vessels, a deposition of fatty acids and fatty acid crystals occurs in the intercellular cement substance (Ashoff). This progresses to such a point that asphyxia of these cells occurs. Oxidation of the fatty acids results in a deposit of calcium soaps. These changes stimulate the growth of connective tissue cells, these in turn becoming hyalinized and again becoming infiltrated with the aforementioned fatty acids. Oxidation of the fatty acids with the deposition of calcium soaps leads to the formation of atheromatous ulcers.

In the arterioles of the kidney the processes of calcification are usually not observed, but the hyalinization is particularly well marked.

There is an occasional instance of chronic hypertension with hypertrophy of the heart, and even with neuroretinitis, which, upon autopsy examination, is found to present no sclerosis of the capillary bed in the kidney. This led Volhard and Fahr to make a separate classification in their study of nephritis, in which these unusual cases may be placed. Such instances as these are an added argument for the contention that arteriosclerosis is not the primary cause of hypertension, but that it much more likely is the result of such a hypertension. The arterioles of the spleen are frequently involved in this process of sclerosis, although it must be stated that very frequently a similar process occurs in the spleen in instances in which hypertension is not present. The pancreas and, in a smaller per cent of instances, various other capillary beds of the body, are involved in this change.

The changes that occur in the heart are important, not alone from a pathological standpoint, but because when understood they point more clearly than any other thing to the particular help that may be given a patient by treatment.

To quote Elliott again, every patient with hypertension "is a potential cardiac." The largest per cent of individuals with hypertension die as a result of cardiac failure. Hypertrophy and dilatation of the heart follow in some instances in a surprisingly short time after the onset of hypertension; such changes have been noted clinically within a few weeks, uniformly within a few months. These changes are due to the effort of the heart to pump blood against an

increased resistance. This effort is continued, often for many years, until the heart, no longer able to meet the demand, gives clinical evidence of decompensation. Allbutt has alluded to it not as a diseased heart, but as a "tired or defeated heart."

On gross examination, the heart is found to be uniformly and often remarkably enlarged; the wall of the left ventricle frequently has a thickness of 2 cm. and the individual muscle fibres are sometimes four times as large as the individual muscle fibres in a heart of normal weight for such a person. In some instances in which the coronary arteries present marked sclerosis, there may be fibrous change scattered through the myocardium, the result of improper nutrition. When uncomplicated by coronary sclerosis, fibrous myocarditis is absent. The arterioles of the myocardium themselves practically never show the sclerotic process that is so often present in the kidney and frequently in other portions of the body. The hypertension heart does not present areas of inflammatory change with scattered areas of round cell infiltration.

It has been found from clinical observation that hearts carry for a long time the high systolic pressures frequently observed in chronic hypertension, but that in the instances in which the diastolic pressure is markedly increased and is persistent, the heart carries such a load less well and for a much shorter period of time. The reason for this is apparent, since the load is then continued at a high point without respite. It has been observed clinically that women stand chronic hypertension frequently over surprisingly long periods, and remain able to carry on their duties and to enjoy life. On the other hand, men average a proportionately high pressure over much shorter periods of time. The

explanations given are varied. The stress and strain of business may have to do with the onset and continuation of hypertension in men, in whom it generally occurs at a later time in life. Women frequently develop the condition earlier in life, and thus have a better chance of living with it over a longer span of years.

There have been six young adults in our series who had high systolic and diastolic pressures. All of these came to autopsy examination, and each was found to have very marked chronic glomerulo-nephritis, with marked arteriosclerosis. This was generalised over the body, involving also the vessels of the eye-grounds. In each instance this glomerulo-nephritis was found to follow an acute infection. Branch and Linder reported similar findings in a group of ten young individuals whom they studied. In all of these there was marked hypertrophy of the myocardium as a result of the hypertension, as there was in our series. Death, in our group, followed three times as the result of cardiac decompensation, and three times as the result of uremia.

Since there is so much disagreement as to the etiological factors of chronic hypertension, and since our knowledge will be increased through careful and detailed study of clinical instances of this condition, the history and examination of large numbers of these patients, when carefully made, will throw light upon this perplexing problem. A history of cardiac insufficiency, apoplexy or chronic nephritis among the relatives and progenitors of the patient is important, since it bears out the factor of heredity. The relationship of previous illness to the onset of this condition is a matter of much dispute at present, but should be considered. The habits of life, the temperament, the ability to

play, and the dietary are all important, even though the degree of importance is much in debate.

The insidiousness of the onset and the absence of symptoms for long periods of time are characteristic of chronic hypertension; the hypertension is frequently found during the course of a life insurance examination, or of a periodical examination. In a series of 100 patients taken at random from our group, men more frequently than women were found to complain of vertigo, headache, a continued feeling of exhaustion, falling asleep at any time during the day—and conversely, waking early in the morning and being unable to get back to sleep. The symptoms in this group varied for men between six months and two years up to the time of examination; in women, as a rule, the symptoms were less disturbing, and were present for much longer periods of time. An unaccountable exhaustion was most often complained of by them.

In the examination of the patient, an increased systolic and diastolic pressure which is persistent (pressure readings should be made on several days to rule out such factors as excitement or nervousness) is the important factor in making a diagnosis of hypertension. The next most important finding is an increase in the size of the heart. This should be recorded with exactness, since in most instances it is the organ that must stand the brunt, and since the treatment and prognosis are so often determined by its ability to withstand its ever-increasing load.

Evidence of sclerosis of the vessels is next in importance, and should include careful palpation of the radial, temporal and pedal vessels, and examination of the eye-grounds. Changes in the vessels in the eye-grounds give a fair index of the changes of the vessels in the brain, and therefore have

a special importance. The clinician should acquaint himself with the major changes which occur in the vessels of the eye-grounds in these instances, since it often gives a valuable lead.

The presence of foci of infection should be sought for. When present they should be eliminated if possible.

The laboratory is of distinct aid in the study of hypertension, and is particularly valuable in separating the group of essential hypertension individuals from those with an associated chronic nephritis. The value of making such a separation is important, particularly from the point of view of prognosis. The laboratory tests need only be simple: repeated examinations of the urine for albumen and casts, for the fixation of specific gravity, and for an increase in the amount of urine passed during the night, are all suggestive of kidney change. It must be remembered that in instances of cardiac decompensation, positive findings of this kind will be present which are not the result of disease of the kidney. In such instances differentiation is easily made clinically. The phthalein output is a very excellent aid in determining the degree of renal efficiency, in spite of some comment to the contrary. It is easily done, and when verified, gives one very positive and useful information. The determination of the non-protein nitrogen or of the urea nitrogen of the blood is very important; both tests are not necessary, and which is chosen is not a matter of moment. We have found in experimental uranium nephritis that the urea nitrogen starts increasing first, and frequently reaches 80 per cent of the total amount of the nonprotein nitrogen. Uric acid determinations, which have been given particular prominence as being one of the early

changes, seem less important at this time. The total chlorides of the blood have been found unaltered in a large number of patients whom we have examined. In an individual with chronic hypertension, who has a relatively negative urine, a phthalein output of 60 per cent or better in two hours and no increase in the urea nitrogen of his blood is an instance of essential hypertension.

The treatment of chronic hypertension, whether it is essential in type or includes chronic arterial hypertension with renal involvement, has been neglected, because many have felt there is little that can be done. One must be mindful of the tendencies of these degenerative processes; they are extremely variable; they tend almost uniformly to progress, and their variability and their rate of progression are pitfalls to anyone wishing to evaluate the efficacy of various methods of treatment.

It has been suggested that every hypertension patient should receive sanitarium treatment, so that such an individual may learn how to live. This is obviously impossible; there are too many patients and too few sanitariums to accommodate them; likewise the financial problem makes such a procedure impossible in a high per cent of instances. Since tuberculosis is being cared for satisfactorily by general medical men who are learning with the aid of specialists, when necessary, the proper management of such cases, the home management of hypertension patients should be equally or even more satisfactorily carried on. The education of the patient is perhaps most important. Regular hours of work, regular hours of play—and being taught how to play—regular hours of rest, and plenty of rest, are highly important. The proper dietary is equally important. In chronic

hypertension in the absence of edema, the amounts of salt used in cooking are probably not harmful; additional salt should not be used at table. The total amount of protein in the diet of a patient with chronic hypertension has occasioned more discussion than any other phase of the subject of the treatment of this condition. A moderate limitation of the total protein is sound advice in every instance; impaired renal function calls for a sharp limitation. Over-eating should be avoided by all patients with chronic hypertension, since over-eating and obesity play a very definite rôle in these conditions. The reduction of weight of obese individuals should be carried on to such a point that approximately normal weights result, and the benefit of such a procedure is often immediately apparent in the accompanying drop in diastolic and systolic pressures.

Since every patient with hypertension is a potential heart patient, the cardiac aspects are highly important. For a long period of time, the heart carries its added burden without complaint, and it is during this time that one may be of particular service in lessening the load that such a heart has to bear; and, therefore, increasing its ability to carry on for a longer time. Nervous excitement, tension, and worry, increase vessel spasm; meals elevate pressure, and increased spasm and elevated pressure mean an increased heart load. A post-prandial rest, and relaxation after the midday and evening meals from the time that hypertension is determined, are invaluable aids in conserving the myocardium. It should be insisted upon from the first. As the disease advances, long hours of sleep and the avoidance of activities leading to fatigue are particularly important. With the onset of dyspnea and fatigue after moderate effort, rapid

pulse, palpitation, vertigo, pain and a sense of constriction in the chest, week-ends in bed, or two weeks in bed (Elliott) four times each year, relieve cardiac strain and restore cardiac reserve. The fact that the blood pressure immediately rises once the patient gets out of bed does not lessen the benefit of such a plan of procedure, since during rest the pressure is usually many points lower, and the heart will have a decided reduction in the amount of work that it is necessarily

and continuously called upon to do. With further evidence of cardiac exhaustion, edema, and lowering of the pressure—especially the diastolic—rest is imperative. The final agents of help in these situations are the use—particularly in patients with plethora—of venesection and digitalis. The former temporarily lessens the heart load; the latter in proper dosage, combined with rest in bed, will frequently help an exhausted heart, and aid it to carry on for a longer time.

The Dietetic Treatment of Hypertension

BY BERTHA M. WOOD

THE medical profession is as yet unwilling to attribute the cause of high blood pressure to any one condition, as shown in the article on "Some Aspects of Hypertension," by Dr. Nuzum and Dr. Evans. Usually it is considered a symptom, attributed to one or more physical defects, such as faulty metabolism, heart, liver or kidney complications, or nerve affections.

Dr. W. D. Sansum, in his book, "The Normal Diet"¹ refers to hypertension as a symptom.

In such diseases as blood-vessel diseases, of which high blood pressure is a common symptom, the acid-ash foods should be reduced to a minimum.

Because hypertension is so considered, it is necessary to have a complete diagnosis from a physician in order that the diet may treat the cause as well as the high blood pressure itself. From the article by Dr. Nuzum and

Dr. Evans one may conclude that there may be three or four causes of the condition. Therefore the diet must be planned to eliminate the known causes as diagnosed by the physician and to prevent further causes and results.

As the heart is called upon to do more strenuous work in hypertension, the diet should be such as to add no extra work or pressure upon it. With this in mind the foods given should be easily digested and non-flatulent. It is necessary to keep in mind that treatment is given to reduce the vascular tension and not to affect the hemoglobin of the blood. The diet, either normal or corrective, should contain an adequate amount of protein to promote growth and repair in accordance with the body needs.

In cases of high vascular tension the sudden entrance of a considerable quantity of fluid into the circulation may be injurious. As a preventive measure it is safe to limit the fluid intake to two pints, while treatment is

¹"The Normal Diet," W. D. Sansum, M.D., page 43.

being given. This somewhat relieves the work of the heart and may prevent edema.

If possible a food prescription should be obtained from the physician in charge of the case, specifying the amount of protein, carbohydrate, and fat to be given the patient daily. Indefinite food treatment will not give any surer results than indefinite medical treatment.

As has been stated in "Some Aspects of Hypertension," rest is important. The caloric intake of a patient may safely be reduced from 2,000-2,500 for a person engaged in the usual activities of light work, to 1,500-2,000 for a patient out of bed for from four to eight hours of the day.

The dietary treatment may include the following simple rules: No stimulating foods, as condiments, tea, coffee, and alcohol, should be given. The frequent use of orange and lemon juice is valuable to help furnish the necessary alkaline ash in the body to reduce the tendency to an excess of acid ash with its injurious results. By a generous addition of orange and lemon juice, the fluids may comfortably be cut to two pints a day and thus relieve the heart.

The protein of meat and fish per day should not be more than one ounce as nitrogenous extractives should be avoided. No soups or broths made from meat should be used.

No white bread or crackers should be given.

Salt, except in the water in which vegetables are cooked, should be eliminated.

With these general rules, a Food Value Sheet, and the Basic Menus to be found in the *American Journal of Nursing* of June, 1926, it will not be a difficult task to make attractive and palatable menus to meet the needs of a patient three times a day.

The following list of protein foods will furnish servings of 25 grams each, or one portion:

- 1 small lamb chop.
- 1 small slice of white meat of chicken.
- 2 long slices of bacon, crisp.
- $\frac{1}{4}$ squab.
- 1 medium slice fresh boiled tongue.

To the following a generous addition of lemon juice, from 1 to 3 tablespoons, should be used:

- 3 clams.
- $\frac{1}{4}$ cup crab meat.
- $\frac{1}{4}$ cup lobster.
- $\frac{1}{4}$ cup shrimp.
- 4 sardines.
- 1 tablespoon salmon.

Slices of fish vary so much in shape that it is safer to weigh out the portion.

A lamb chop, well done, nicely browned, and served with a garnish of lemon, will not be unappetizing even without the addition of salt.

A baked orange, served as a garnish for chicken or veal, is attractive and tempting.

Because the "Basic Menus for Calculating Diets"¹ have already been given, they may be used as a guide. In considering the first one, the breakfast may be used as it is by reducing the number of eggs to one which will reduce the amount of protein to 7 grams. The dinner may be used by reducing the lamb chops to one small one which reduces the protein to 8 grams. The supper may remain as it is. This gives a total intake of 35 grams of protein for the day, with 45 grams of carbohydrate and 90 of fat.

This menu includes fruit three times during the day with the addition of a generous amount of lemon juice on the sardines. To raise the carbohydrate and fat, it would be well to add a slice of whole wheat toast with butter at

¹ *American Journal of Nursing*, June, 1926, page 443.

breakfast. By consulting the Food Value Sheet it is seen that this would bring the carbohydrate up to 55 and the fat to 111, giving approximately 1,500 calories for the day.

In the second Basic Menu it would be advisable to substitute lima beans for string beans in hypertension treatment, as lima beans are alkaline in reaction, also an orange, date and nut salad with lettuce in place of asparagus, for supper.

There should be fruit in the diet at each meal in addition to any garnish or juice of fruits. Orange and lemon sherbets may be used often in the menus. Two vegetables at noon and if possible two at supper are advisable. This diet will, under normal conditions, keep the intestinal tract well emptied.

The following recipes, containing oranges and lemons, may be of value in the diet as treatment. They are appetizing and attractive. Each recipe makes one portion.

ORANGE AND TOMATO SALAD

1/2 orange lettuce
1/2 tomato French dressing
2 tablespoons celery

Peel an orange, removing all white membrane. Peel tomato and from center of orange and tomato cut two slices, each about a quarter-inch thick, using about half of orange and tomato. Chop celery very fine. Arrange slices of tomato and orange, one slightly overlapping the other, in a circle on a bed of lettuce. Sprinkle with celery and pour the French dressing, made with lemon juice over, all. Calories, 80.

CABBAGE AND ORANGE SALAD

1 orange lemon juice and oil
1/2 cup shredded cabbage

Peel orange, removing all white membrane. Cut into one-fourth inch slices and then into segments. Cover salad plate with finely shredded cabbage and sprinkle with orange segments. Serve with lemon juice and oil. Calories, 80.

PINEAPPLE AND ORANGE SALAD

1 orange 1 slice canned pineapple
lettuce lemon juice and oil

Peel orange and remove all white membrane. Cut into one-fourth slices and arrange slices on lettuce-covered salad plate. Place slice of pineapple in center. Add lemon juice and oil. Calories, 170.

LEMON JELLY FRUIT SALAD

1 teaspoon granulated gelatin 4 tablespoons lemon juice
1 tablespoon cold water 1/2 apple
1/2 cup boiling water 1/2 cup diced celery
2 tablespoons sugar 1 orange
lettuce mayonnaise

Soften gelatin in the cold water five minutes, add boiling water, sugar, and three tablespoons lemon juice. When sugar is dissolved, pour into cold wet mold and put on ice to harden. Cut apple and celery into small pieces and cover with remaining tablespoon of lemon juice. Peel orange, removing all white membrane, and cut into small pieces. Cover salad plate with lettuce, place over this lemon jelly in slice or mold, combine apple, celery, and orange and cover jelly with this mixture. Serve with mayonnaise. Calories, 270.

PEAR AND GRAPEFRUIT SALAD

1/2 grapefruit pepper
1 canned pear half onion juice
paprika lettuce
pear syrup olive oil and lemon juice, if desired
salt

Remove pulp from grapefruit, reserving juice. Mix pulp with pear cut into cubes. Remove membrane from grapefruit skin and refill with fruit. Sprinkle lightly with paprika. Use juice as basis of dressing. Add pear syrup for sweetening and season with salt, pepper, lemon juice, and a few drops of onion juice. A little olive oil may be used for blending. Calories, 80.

ORANGE CUSTARD

1 orange custard sauce
Peel and slice orange and put in serving dish. Pour custard sauce over fruit; chill and serve. Calories, 325.

[An article on "Diet for Obesity," a complicating problem in hypertension, will appear in the May Journal.—Ed.]

The Unknown Quantity

By LOUIE CROFT BOYD, R.N.

"**W**HO can tell a human story that is as vivid and as baffling as the sunset that Nature is parading before our eyes?" And turning to me Miss Shaw added: "If my memory does not play me false, you had an experience that would be peculiar to this setting, though in the lapse of years it has grown dim to me."

We were sitting on the porch of our mountain cabin and the Continental Divide stretched its irregular line of snow-capped peaks away into the northwest.

"There is something about the hidden promise of another day in the brilliance that makes a background for those sharply defined mountains that does recall an experience long ago when I was night nurse in the Mount View Hospital," I answered. "I had gone on duty to be informed that a new patient had been brought in that afternoon, who was desperately ill with pneumonia. He was delirious but was responding to the treatment and might, as occasionally happened, come out of his delusions long enough for us to learn something about him and his relatives. He had been found wandering about the streets, partly dressed, and had been brought to us by the Police Department. No clues, as to his name or where he might have come from, were on his person. A rapid, irregular pulse, with little or no fever, and a delirium that had thus far refused to bend to treatment, seemed like insurmountable barriers, but such symptoms as these, you know, test our skill and staying powers. Later the doctor made his rounds and his last remark, as he was leaving, was: 'I do not need to tell you to watch for clues from him about himself and his family.

He ought to respond to the treatment he is getting and when he does the lucid interval will be short. I will return soon.'

"Fortunately, I could give him special attention for the ward held very few patients and none were so sick as he. I entered the private room in which he had been placed. The shaded light softened the outlines of the simple furnishings and threw the corners deep into the shadows. The circular rays that fell upon the counterpane of his bed cast a faint glow over the face of the sick man. He was talking in a low, persuasive voice and I listened as I walked about the bed to find that it was of business—it was always of business.

"He was between 30 and 35 years old, evidently in fair circumstances, always gentle of voice and courteous in manner, but who was he? It is as difficult to penetrate the intricacies of delirium as it is for my eyes to penetrate those velvety, purple shadows that are slowly creeping up from the plains to envelop the mountains yonder. How could I claim his attention without a name? But the hospital's responsibility for its patients had been so ingrained into my consciousness that I tried. Oh, how I tried!

"Don't you see how busy I am?' he would say. 'Please do not bother me just now. I have so many problems to discuss with these gentlemen and my time is very short, for I am on my way home.'

"And when I would insist that he drink what I had brought, for his throat must be dry after so much talking, he would reply: 'Well, let me drink it at once.'

"And his sensitive, well cared-for

hand would grasp the tumbler with trembling fingers.

"Thank you for being so kind," looking up at me with frank eyes, sunken and bright. "Now please leave me with these gentlemen. There are so many things for us to decide and I must leave for home tonight."

"And he would turn toward his imaginary guests and soon be deep in the vagaries of business and delirium combined. He was calm in his own plans while I was concerned, for my time too was short. Later in the evening there were fragments of rational speech, but nothing that could be pieced together, though I took heart.

"Thank you, Mary dear, for your thoughtfulness," he said at another time after taking his nourishment. "It is hard to talk so long and I am becoming quite tired."

"Mary? Who was Mary? Sister, wife or sweetheart?"

"Let me take these men downstairs that you may rest for a time," I ventured.

"Why, what can you be thinking of," he answered, "to take them away from the hotel after I asked them to come here?"

"Well, let me take you home. A night's rest and a good breakfast will help you so much."

"That is just like you, Mary dear, to be always kind and thoughtful of your husband's comfort. But please leave me here. I must finish my conference today. Please go."

"And he gently pushed me from the side of his bed."

"Was there no way for me to assume the rôle he gave me and penetrate that mask of his? That he had taken me for his wife appeared first like an advantage but I soon found out that every effort that I made seemed so needless to him. Why should his

wife want to find out about his family and his home or business address? Why hadn't he taken me for some other person than his wife? I had picked up straws only to be frustrated. I walked to the window as I tried to think out this new phase of the problem. The night was clear and calm. The stars were scintillant and the heavens inscrutable in their fathomless beauty. The pathos of my task almost overpowered me. The seriousness of his condition was imperious in its demands upon me. He baffled me at every turn because he imagined his wife to be at his side. I sensed that his delirium had lessened and so I turned from the window. There were short periods when he would lie quietly with his eyes closed. I left the room to prepare his medicine. When I returned there was an evident change for he began to question me the moment I went into his presence:

"Where am I and why am I here in bed? Who are you?"

"You are in Mount View Hospital, sick. I am your nurse. What is your name?"

"How is my wife?"

"I will send for her at once," I parried. "Tell me your name."

"And I leaned over the bed intent upon hearing even his faintest tones.

"John Thorne," he murmured.

"I want to know about my wife."

"Where does Mrs. Thorne live?"

"Send—word to—my wife," and he looked imploringly at me.

"Yes," I answered, "give me her address."

"Her—ad—dress—." And his voice trailed off.

"Yes," I prompted, "her address is—"

"Yes,—her—ad—dress—is—"

"His eyes began their restless search. Just then the doctor came in.

"His name is John Thorne," I said quickly.

"He immediately left the room and I heard the receiver taken from its hook.

"John Thorne, I demanded, 'where does your wife live?' And I grasped his shoulder to claim his fleeing attention.

"What—do—you—want?" he murmured.

"The address of your wife, Mary Thorne."

"He looked at me in a dazed way for a second, then:

"Mary dear,—don't—be—foolish.—You—see—how busy—I am—with these—gentle—men.—We have—so much—to discuss—and my—time—is so—short—and—I am—so tired,—so—tired,—"

"First, John Thorne, where do you live?" And I shook his shoulder and pressed his hand as I spoke.

"A glimmer of sanity appeared. The eyes were fixed on mine for an instant. They looked glassy. With difficulty he tried to collect himself. He attempted to stretch his wavering hand toward me as he whispered:

"Mary,—bring—him—"

"Then his sensibilities flickered. In a short time he had sunk into the unconsciousness that shut the door to all my inquiries and my efforts. Even the coming of the day did not revive him and with the first flood of sunlight he breathed his last."

The deepening shadows threw the mountains into bold relief against the aftermath of light left by the setting sun. The intervening landscape, with its dusky pall flung far into the distance, but intensified the grandeur of the departing day. From our porch we silently watched these shadows deepen until only the sharp line of the

mountains was visible. Then Miss Shaw asked softly:

"Was anything ever found out about him?"

"Yes," I answered, "about eight o'clock, just as I was going off duty, a message was received from the Police Department to the effect that they had found the hotel where he had registered for the few hours between trains. Identification was then an easy matter. His mother was coming and should arrive about noon. Mr. Thorne had told the hotel clerk that he was feeling tired and did not want to be disturbed until time to make his train. The canny whims of the delirium, that later ushered in pneumonia, made him slip out of the hotel and by a rear door.

"Later, when we talked together, the mother finished the story by saying that Mr. Thorne had been sent to represent his firm at an important business conference held to complete arrangements for opening a branch office in the near future. Just as he was leaving for home, he had replied to her message which said that the baby had come and that the mother was all right. It was their first child and a son. She said that they had been like children in their glee over the coming arrival of their first-born. Everything that his love and forethought could plan and provide were in the home for his wife and baby. Except for that delayed business conference, he would have been there too; and, she added: 'Perhaps not to have been ill, but to have shared in this joy of creation. This son, now seemingly dearly-bought, is the mother's precious problem for the future to unfold.'"

The Use of Ward Manuals of Nursing Procedures

By ALICE STRATTON, R.N.

IT is a common occurrence for an instructor to go to a new position in a hospital and find a great lack of uniformity in nursing methods. Perhaps there has been a succession of directresses or instructors and each one has made certain changes, until one may find that the pupil nurses, from the oldest Senior down, may be doing the same procedure in several ways. In a hospital having a large number of private rooms to which outside physicians are allowed to admit patients, it is found that these doctors often expect certain details of nursing work to be carried out according to their own ideas. Supervisors who are graduates of other schools decide to install their special method of doing a procedure and disregard what the pupils have been taught in the classroom. Such circumstances cause a lack of uniformity in nursing technic. If there is a standard technic in the institution, this can be prevented. While it is the duty of the instructor to build up uniform nursing procedures, such procedures or technics may not be perfected at the expense of the patient's comfort. Indeed, the standard procedure should be developed, not on a foundation of tradition, but upon the principles demanded by good nursing. These are: scientific accuracy, comfort and safety for the patient, economy of time and effort for patient and nurse, and economy of supplies and equipment. If the instructor finds several different methods of doing a procedure it is beyond doubt her duty carefully to study the methods employed and, after study and conference, to determine what part of those found in use may be continued.

As a matter of fact, nurses have to be taught that a great many nursing procedures cannot be laid down in any hard and fast rules and that circumstances must alter cases, because although a given disease is being treated, it is the patient with the disease who is being nursed and not merely the disease; furthermore it is to be remembered that disease seldom exhibits identical manifestations in a series of similar cases. Neither is it always possible arbitrarily to state which of two methods is the better one. This is without doubt the instructor's great opportunity to accomplish something lasting for the many patients who, in the future, must depend for comfortable and intelligent treatment and care upon the nurses whom the instructor turns out as finished and capable women of the profession. However, on the whole, a uniform method of carrying out a procedure can be taught in the majority of cases.

This uniformity can be accomplished in two ways. One is to have type-written or mimeographed instruction sheets in a loose leaf cover for the various nursing procedures. This is put on the head nurse's desk where the nurses have easy access to it and the notes correspond to those given to the nurses in the classroom, particularly on the procedures not so commonly done. The nurses then can refer to it in case they forget; as for instance, the formula of an anthelmintic enema which they do not give very often and are therefore apt to forget.

The other way is to have printed, in a small booklet, all of the procedures. A booklet of fifty pages,

four by six inches in size, which contains all the information on technic, has been used successfully in a hospital known to the writer. These are placed in the hands of each nurse at the end of her preliminary period. Each physician, each new set of internes and anyone having anything to do with nursing in the hospital also possesses a copy. The common things were left out, as bed-making, cleaning and disinfecting a room, purgative enema, taking temperatures, etc., which the nurses do constantly. There were included local preparation for operation, operating technic for doctors and nurses, surgical treatment trays, all sterile procedures, irrigations, douches, packs, stipes, poultices, formulae for medicated enemata, hypodermoclysis, aspirations, lumbar puncture, etc., various medical tests as phenolsulphonephthalein, metabolism, Lyons test, etc., obstetrical technic, infectious precautions technic and many more.

Each procedure is written out in concise form as:

DRY HOT PACK

Aim:

To cause sweating.

Articles:

Electric baker	Hot water bag and ice cap
4 bath blankets	Glass of water and drinking
Rubber sheet	tube
Face towel	Bath thermometer
Bath towel	Rubbing alcohol

Preparation:

1. Replace upper covers with a bath blanket.
2. Roll rubber sheet with bath blanket on it and pass under patient.
3. Place baker over patient and cover ends with a bath blanket. Place face towel under chin.
4. Put ice cap to head and hot water bag to feet.

Procedure:

1. Turn on all lights until baker gets heated.
2. When heated, turn off lights on sides next to patient and watch that the blankets do not get scorched.
3. Test temperature every little while with hand and bath thermometer. Tem-

perature should not be over 100 degrees F.

4. Give frequent drinks of water and watch the pulse.
5. Patient is kept in pack 30 min.
6. Lights are then turned off, the baker removed, and more blankets put on.
7. Patient is kept between blankets for 1 hour and then rubbed with alcohol.

These instructions are, of course, not as full as they might be, but it is to be remembered that they are merely used as a reminder and not for primary instruction. The notes the nurses receive in the classroom in their demonstration of the procedure have the same important points but are fuller in detail. The manual is a virtual guard for the pupil, the special duty nurse, or the sometimes forgetful physician. It is a comfort to know that even though the nurse is familiar with the procedure, she still may have the assurance that at the last moment, to be certain, she may glance into that small book of helpful notes so that she may not leave out some important article or point. We are not encouraging the nurse to depend wholly upon this little book, but recommend it merely for the busy nurse as the safeguard to sometimes costly mistakes.

To obtain data for a discussion of the advantages and disadvantages of the loose-leaf type of ward manuals or procedure books versus the printed and bound form, a questionnaire was sent out to a large group of representative hospitals asking the following questions:

What methods did you use in determining the procedures which should be included?

How did you determine the details of the various procedures?

What method do you use to keep the book or directions up to date?

How are the books used in actual practice in class and in the wards? Where are they kept?

Arguments in favor of the printed and bound procedure book and the loose-leaf type.

In the answers there was, of course, a difference of opinion whether to have the loose-leaf type or the printed booklet. It was interesting to find out what results the schools were obtaining from the particular type of book they were using and why they objected to the other kind, as there were objections to both kinds.

The main objection to the printed booklet is most commonly the difficulty in revising the directions. Some hospitals obviate this by having a blank page between every two pages of notes, or at the end of each procedure. Others have a dozen or more blank pages at the end of the book where revisions or additions can be made. In this way a small amount of revision can be done from time to time. Several hospitals which have used printed booklets spoke of the necessity of changing the book only once in every four or five years, the blank pages furnishing enough chance for revision in the meantime. One large hospital keeps its books up to date by ordering a limited number and having the book reprinted often.

The main objections to the loose leaf form are that the students lose their notes or the holes tear out. Even with the unquestionable advantage of easily and quickly changed notes, it is not as advantageous a form of procedure book as it at first appears, for the book minus the pages is of little value to the nurse. To those to whom the loose-leaf type is known, it is not surprising that the pages are not lasting, since the book is in constant use and is not always carefully handled. One school said that even though cloth rings were used to reinforce the holes they had given up the loose-leaf book on that account. Several schools are using the spring binder or screw type of notebook to avoid the rings and per-

forations and find them very satisfactory, using the plain white business size paper to avoid having to carry in stock a special size paper for the books.

There is a difference as to what is included in the book. This varies from complete notes which are given to the students in the classroom at the time of the demonstration of the nursing procedure, to a small abridged form giving only the aim, articles needed and main points to observe in carrying out the procedure. Some hospitals have what they term a "standing-order" book in which evidently all routine procedures and certain doctors' "standing orders" are included. One prominent hospital uses a printed manual as a textbook for classroom teaching, and a loose leaf book on the wards which consists of routine procedures, particularly when they relate to the connection of the nurses' work with other departments of the hospital, such as admission and discharge or transfer of patients, care of patients' property, lists of maids' work, etc. A few large hospitals use nothing whatever in the way of a ward manual, but these seem to be the exception to the rule. Other hospitals give the students a loose leaf with each demonstration and later give a printed booklet.

In determining what procedures shall be included, the usual method is to use as a basis the procedures taught in the classroom. This is supplemented by conferences with head nurses to agree on certain details. Medical or surgical procedures with which the doctors are particularly concerned such as thoracentesis or pre-operative preparation are usually determined by staff conferences when the proposed material for the procedure is submitted to the medical staff for approval. In two central schools connected with university schools of

nursing, the instructors from the various hospitals met and compiled the procedures to conform to the routine in each of the hospitals, having the procedures so far as possible the same throughout the hospitals. In general, the nursing procedures are approved by the principal of the school of nursing and the instructors, and the medical or surgical technics are approved by the physicians or surgeons. It has been known to happen, however, after the surgeons had agreed on a standard pre-operative technic that within one month after it had been instituted, certain surgeons wanted their own little innovations made, so that soon it could not be recognized as a standard technic. In getting up such a book, whatever the type, the procedures having been decided on by a conference, lay the plan before even the pupils and get suggestions from them as to what they like or dislike. It will make them more observant and they will take a pride in the book such as they would not in one in which they had no voice. It will give them more responsibility toward carrying out the procedure as such. This method would be particularly helpful when revising the book to overcome some little difficulties in relation to the equipment, etc. The instructors may not realize all the possible difficulties, because they do not actually work with the equipment provided for the wards as the pupils do.

The usual method of keeping the procedure notes up to date is through conferences. One prominent school calls a meeting of the supervisors and instructors and other heads and gives a demonstration of the proposed method. It is then voted on, as to whether it is superior to the old form. For instance, in changing the method of preparing hypodermics, an agar plate was made to determine whether

the needle was sterile. In some schools the directress alone is responsible for changing the procedures as she sees fit, but as a rule it is done after consultation with the various heads of the departments. The directress or instructor sees that everyone is notified of any change. The pupils have each proposed change explained to them in the classroom.

According to the replies to our questionnaires, usually each student is given a mimeographed copy of the procedure as it is given at the demonstration in the classroom. A copy is practically always kept in the head nurse's desk so that it can be consulted by internes or special duty nurses as well as by pupils. It is a great help to outside nurses "specialling" in the hospital who do not know what the doctors want on their trays. Even staff physicians have been known to ask to see the procedure book.

An advantage of the small individual booklet is that it is of such a size that the pupil nurse can slip it into her pocket and on the blank pages she can make revisions or additions. A number of pupils using such a book wrote in it some tables and rules for making solutions quickly and thus found it quite invaluable. There was then no excuse for a nurse forgetting an important article when preparing a tray or for making a solution the wrong strength, when she was in a hurry so that she would not keep a doctor waiting. These were much more useful to the individual nurse than one copy on the head nurse's desk would be. Recall your own training days when your instructor told of some little incident or point which struck you especially and you wanted to remember, or suppose you heard some doctor tell of something he had used successfully, the drug was named or the treatment described or a

graduate from some distance told of a procedure you had not seen used nor had you read of it in a textbook, but you knew she made her patient comfortable and the results obtained were satisfactory. You meant to remember it and put it on a piece of paper and slipped it into your uniform pocket, and it was sent to the laundry. If you had possessed a little book where you could jot it down, you would have had it for all time. At least you would not have sent the book to the laundry and lost it forever. It is in such a case that the individual booklet is indispensable.

A prominent nurse whose work takes her to many hospitals recently was a guest in a hospital. She asked permission to look over a procedure book in her room. She was permitted to have it only for a brief time, "Because," said her hostess, the Superintendent, "it is a grave misdemeanor for any ward to be without its book!"

In determining the details of the procedure of installing manuals one depends on what has been done before in that particular hospital. The usual method is by conferences, but no method of procedure may be turned down by either directress or supervisor, nor any part of it if, by combining some of her own with the ideas of someone else who is interested, she can produce better results for the sick. Even suggestions from patients, complaints or praise, and that is really the barometer of results, can be incorporated in these procedures.

As the ward manuals are supposed to be mainly for reference in case the nurse forgets details, and very few are blessed with perfect memories, it would appear that the shorter form with the important points, and above all with the list of articles needed, would be more useful than long detailed description in the notes which the pupil is

given the first time she sees the demonstration. There is a distinct need for both kinds and one type should not be used everywhere. In one instance, in the notes given to the Preliminary students on hypodermic injections, there were over six hundred words. This went into detail about dangers to avoid, what drugs were commonly given by hypodermic, and the preparation in very minute detail. In the ward booklet there were less than one hundred and seventy-five words. It told every necessary step in the preparation and yet the nurse would not have to read through a lot of description she did not need for the immediate preparation of the hypodermic.

According to the questionnaires sent out, about two-thirds of the schools are using the loose-leaf form and one-third the printed form. The tendency is to start with the loose-leaf type and after these have been used a number of years, to have the notes put in book form. The writer has instituted manuals in three schools starting several years ago with the loose-leaf form. At the present time, two of these have printed booklets. The third expects to have one after the notes have been used a little longer. A university school writes that they have used loose-leaf for five years and are now preparing a printed book. It is undoubtedly best to start with the loose-leaf form and when the procedures have been tried out in the various departments to decide then whether to continue with the loose-leaf type or have a printed book. Of the schools using the printed book, none offer any serious objections. Some schools demur on account of the price of the printing. Inquiries were made as to this, but nothing definite was obtained except that the schools using the printed form do not consider the price as prohibitive when weighed

against the advantages of having the individual manuals.

Conservation of energy for patient and nurse but more especially for the patient should be, and in most cases is, the paramount thought in the heart of every nurse. To this end then let us work, whether it is to be helped by a loose-leaf or a bound book is of really little importance. We are all groping towards perfection of technique; the private duty nurse, the directress and the instructor are striving for one common end, helping the patient to bear his illness or disability and to endure his necessary treatment as comfortably as possible. There is much to be said in favor of both. Each has its advantages and disadvantages; it is then for the hospital to decide which for that particular hospital is the better.

Education of Students in Wisconsin

THE Bureau of Nursing Education of the State Board of Health of Wisconsin has released some extremely interesting statistical studies of the schools of nursing in that state.

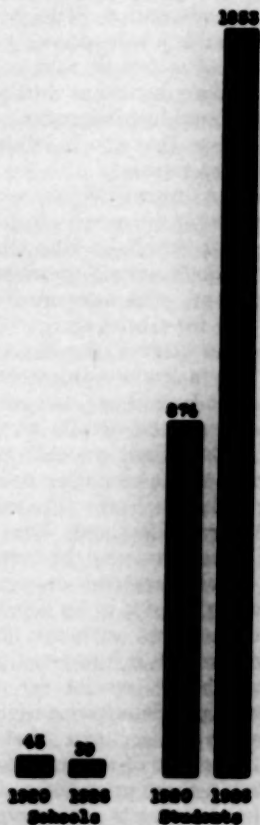


Per cent of student nurses in Wisconsin each year who were high school graduates (in 1924 over $\frac{2}{3}$; in 1925 almost $\frac{2}{3}$; in 1926 over $\frac{3}{4}$).

DIAGRAM I

Diagram I shows with startling clearness the results of the work done under the direction of Adda Eldredge

to secure students who have a reasonable educational background for their nursing work. Diagram II, showing a decrease in the number of schools and a striking increase in the number of students, presents a type of fact that undoubtedly will be studied at length by the Committee on Grading.



In six years, Wisconsin nursing schools dropped from 43 to 30 (or 9 per cent) while nursing students increased from 874 to 1,853, (or 112 per cent).

DIAGRAM II

X-ray Treatment of Enlarged Thymus

BY A TECHNICIAN

Children's Mercy Hospital, Kansas City, Mo.

THE thymus is a small gland which lies high up under the sternum. It varies greatly in weight at birth and considerable variation in size continues. The gland reaches its greatest size, it is believed, at about two years, but some authorities consider that it continues to grow until the age of puberty. Beginning at that time it atrophies rather rapidly but there are cases known of thymus persisting well up into adult years. In children up to two years, the average weight is from seven to ten grams. The gland lies in the narrow space through which pass the trachea, esophagus, various blood vessels and nerves. Any considerable increase in its size will result in pressure on one or all of these organs. An increase in size of the thymus is often accompanied by hyperplasia of the other glands in the condition known as status lymphaticus. However, many times it seems to occur as the sole anomaly.

When the thymus in an infant is enlarged much beyond the normal limits, the most frequent symptoms are those caused by pressure upon the trachea, giving rise to what is called thymic asthma. These symptoms are cyanosis, dyspnea, rapid respiration and attacks of suffocation. Cyanosis and dyspnea may be frequently rather intermittent, coming on quite suddenly and ceasing just as suddenly. There may be a stridor, either inspiratory or expiratory. This may be the first or only symptom. A symptom of less severity which may cause one to suspect enlargement of the thymus is a mildly asthmatic type of respiration otherwise unaccounted for.

No medical treatment has been found which is of any benefit in this

trouble and operations are attended with so much danger and such uncertain results that they are seldom performed. Within recent years it has been found that X-ray therapy usually gives very prompt relief.

In making X-rays of infants, a high powered machine should be used (one with which films can be made with an exposure of one-thirtieth of a second) as it is not possible to have the coöperation of the patient. Films made with a longer exposure are blurred, showing respiratory movement and are of no diagnostic value. While a positive finding is of value, a negative one does not absolutely rule out a thymic enlargement.

For either a fluoroscopic or an X-ray plate, the child should be crying lustily, as this brings an enlarged thymus down to a position where it is more readily discerned. For making the exposure, the child should be in antero-posterior position, with the arms at right angles, and chin held up out of the way. The exposure should be made while the patient is inhaling. The same position should be used for treatments.

The action of the X-ray causes the glandular tissues to be replaced with fibrous tissue or, in other words, it causes a fibrosis. This replacement causes a shrinking of the gland. It has been found that in as little as eight hours' time, some of this change takes place. In almost any case of suspected enlargement of the thymus, even if X-ray and fluoroscopic examinations are negative, the patient may be given a therapeutic test of X-ray treatment. If improvement follows, the treatments should be continued.

A fairly typical case cared for by

the Children's Mercy Hospital of Kansas City, Mo., was that of Gwendolyn, aged eleven weeks. She was admitted at night with a history of having been in good health since birth until a few days previous, except that she had had some difficulty in nursing, and did not seem to swallow well. She had not nursed at all during the day of admittance and her difficulty had been diagnosed as pneumonia.

When admitted, the baby was cyanotic. Respirations were extremely rapid and abdominal in type. The child coughed a great deal. An X-ray plate was made and treatment given a short time after admission. The routine treatment used was as follows: five and one-half inch spark gap for twenty-five milliamperes minutes at fifteen-inch target skin distance with four millimeters of aluminum filters.

The next morning the respiratory rate had dropped considerably, and though more rapid than normal, respiration was much less labored. The second day after treatment the cyanosis and dyspnea had entirely disappeared. Treatments were continued twice a week for three weeks. During this time the child showed steady improvement. Gradually she became better able to nurse. While the respiration was slightly asthmatic in character at times, she had no more attacks of cyanosis or dyspnea.

The frequency of the treatment may be varied with the needs of the case. In those of little severity a single treatment, as in this case, very often gives speedy and permanent relief. In those of considerable severity the

treatment may be required daily for two or three days, then at weekly or bi-weekly intervals. Dr. Alfred Friedlander of Cincinnati advocates in severe cases with suffocative attacks and severe cyanosis that the treatments be comparatively heavy and be repeated at short intervals. He says: "The failure to administer full doses and repeat promptly leads to fatalities. To guard against sudden deaths before full destructive effects of the X-ray on the thymus are elicited, patients with urgent symptoms should be kept under close observation. Even the most urgent cases may be expected to yield to the treatment if the dosage be sufficient."

Little out of the ordinary is required in the nursing care. Close observation of the symptoms and conditions is essential, as many cases of sudden death in small babies undoubtedly have been due to the suffocation which so often accompanies enlarged thymus. If the child has difficulty in nursing, as in this case of Gwendolyn cited, feeding very slowly with a medicine dropper or a Breck feeder should be resorted to. The nurse may expect that, if, after a series of X-ray treatments covering a period of three weeks, the child shows continued improvement and has been free from attacks of suffocation, the therapy may be discontinued for two weeks. If no symptoms appear in this time, the patient may be permanently discharged. However, if any symptoms whatever have been present, the physician may order the course of treatment repeated.

Municipal Nursing¹

BY A DETROIT HEALTH DEPARTMENT NURSE

TWO nurses were talking over a cup of tea. One, a private duty nurse, looked worn and discouraged; the other, a municipal public health nurse, looked happy and well.

M. N. "Well if your life is so full of grief, why don't you try to change it or why not join us?"

P. D. "You couldn't hire me to be a municipal nurse! Any old body can be one."

M. N. "Oh, they can? Well, maybe where you come from, but not in a real town like this."

P. D. "I've heard your outdoor sport is tacking up placards and pulling them off again."

M. N. "Then your reporter is ready for a pension, for that was true in the great beginning, when health officers themselves knew little more—when science had not yet pointed out the great field of preventive medicine, of which the nurse becomes so indispensable a part, but nowadays—would you be bored if I told you a little about what I do? All right, suppose I tell you about—about my Darnath family, Hungarian and the nicest folks. We came in contact with them first through Mary, age ten. Mary had been found by the school teacher in the fall physical examination to be undernourished and underweight. Later when the doctor arrived at the school and thoroughly examined her, he likewise found that she was undernourished and needed attention. On his recommendation, I was able to put her in the nutrition

class and in the spring succeeded in sending her to the summer camp. In the meantime, I visited Mary's mother, hoping to provide her with what she needed and also to make sure that the home influences would not undo the good we had brought about in school. I found them living in the back, upper half of an old house which had been built for only one family. Their home was like many others, so little in it—the kitchen stove and table, a few wooden chairs, iron bed, the inevitable old trunks to sit on, a couple of chromo pictures, a bunch of paper flowers, and much worn, flimsy curtains. I haven't yet figured out how they can sleep, for the space divided by the number to get into it, leaves too much left over. I found the family income to be very meager and that much I had hoped could be done, could not be provided. Mary's mother, Anna, rather implied that the father, Peter, was not steady in his work habits—rather lazy in fact, that he would have a job and after a very short time would leave it, so that their life was pretty much a struggle. Later when I visited again, Peter happened to be home and I certainly suspected why he appeared lazy. I finally got him to report at the Health Department Tuberculosis Clinic and there the doctor found that he needed hospital care. He did not wish to leave his little family, to go to the hospital, but when I made him understand the real meaning of such a refusal, he decided to go. After he had gone, I went back to the home and this time found that Anna was pregnant and needed, of course, a physician's care. A private physician was, of course, out of the question so arrangements were made for attendance

¹ It is to be noted that there is no assumption that private duty is necessarily "full of grief." If any private duty nurse will write an clear-out an exposition of the satisfactions of private duty, we will gladly publish it.—*Editor.*

at the Prenatal Clinic for supervision. I followed her up in the home and gave her instruction in all her own personal care and in the preparation for the baby's coming. Maybe this is tiresome to you?"

P. D. "Don't stop there—did Peter get back home?"

M. N. "It isn't time to tell. I succeeded finally in getting the whole family to be thoroughly examined, to see if he had passed on his condition to them. Little Joe, eight years old, was found in good condition except that he had diseased tonsils and adenoids and because they could not pay a private physician, I had to make arrangements through the Out-patient Department of the hospital for his care. Tommy, five years old, was found to have no specific physical defects but he was much undernourished, and as the mother had not been providing proper food for the whole family, this was not surprising. I got her to bring him to the Preschool Clinic for special direction about some little habits he had and I taught her not only the correct way to feed him, but to feed all the family. Little Annie, the baby, got her share of attention, too, for I found that she was getting only condensed milk, so I took her to the baby clinic; already she had developed the beginnings of rickets. Her correct feeding had to be outlined and taught, for while big Anna is the nicest thing, she is a little dumb. Then vaccination, and T. A. T. of course for all the children, and household hints and hygiene, and so on. Her confinement was soon due and I decided that as she did not have means and as her home was really not adequate for a safe home delivery, she had better go to the hospital which she was willing to do. The question, of course arose as to the care of the children while both parents were away. I

thought at first that I would ask the help of a child-placing agency, but finally found an offscouring relative who was willing to take care of them for this short time.

"Peter's stay in the sanatorium was not only to safeguard his own physical condition but it was an opportunity to teach him correct care of himself, so that with the supervision of the clinics that were assuming the care of the rest of the family and with his improved habits, it would be safe for him to return to the family, and this he did a little later. So glad you care that he did. We do not contract to find positions for tuberculous patients, but we did succeed in finding adequate work for him.

"This family is not typical, in that every member had to have assistance of some kind or other, but every family upon whom I do call needs some. Do you wonder that I love what I am doing and that it gets better and more interesting every day? I used to think if I attended a lecture I was a martyr, but now I see that every new thing I learn today in our classes or courses, I get a chance to try out, tomorrow."

P. D. "That certainly sounds mighty interesting. I had a high school education and a good three years' training in an accredited hospital but I would not know how to go ahead like that. Where did you learn how?"

M. N. "I had to have all that you have had, plus a postgraduate course, nine months in Public Health Nursing. The work means so much more to you when you know what it's all about and you can plunge right in. Many departments like ours have to conduct their own school but it is so much better for all concerned when it is possible to report with the postgraduate requirement. Moreover you get

higher salary and quicker advancement."

P. D. "How does it differ from what they call Visiting Nursing?"

M. N. "No difference, if you are proud of your Health Department as we are, no difference—excepting perhaps where you begin, what you emphasize, and who signs your pay check. The Visiting Nurses emphasize bedside care plus education. We emphasize education plus bedside care. Our standards, the highest, are the same."

P. D. "But tell me this, does all this pay your bills?"

M. N. "Yes, for while it may not sound as much as yours, by the end of the year it is more—because it's regular and you can bank on it—that is, if you're earning your job. I understand you P. D.'s average only \$1,300 a year because you are not organized to distribute your work. We average \$1,740 and if we are efficient, we get a yearly raise and if we are not—out we go! But of course, there really is no excuse for the "not" for we have special supervisors to help us and we are not expected to do anything before we know how. It pays us to do good work—all outside of the feeling which is really pay enough and besides the raises, for we get promotions, greater responsibilities that put you on your mettle, and greater fun, having an idea and a chance to make it work, something new and interesting every day, and best, many people made glad because you bring enrichment to their lives—sounds alushy, doesn't it? But really it's the truth and the reason why 86 per cent of us are happy on the job and willing to admit it. Why don't you get the nurses you know together—talk out your troubles, long enough to arrive some place, and then do something about it. That's what we do in our Municipal Nurses' council."

P. D. "But I hear of such upsetting changes, and I hate it so."

M. N. "But how can so many things that seem to be wrong be made right without many changes? That's your hope. That's what I love about our work—that changing, growing business—classes, conferences, latest ideas, latest methods. I remember when I thought I was doing my Supervisors a good turn when I had my physical done or attended class and listened when I got there. Isn't it a crime one can't see all around himself before life is about half over? I challenge you—municipal nursing makes more happy nurses than any other type does! Now go after that!"



Canned Foods in the Daily Diet

CANNED foods have steadily grown in favor with the consuming public for many years, mainly because of the excellence of the state of preservation and the attractiveness of their flavor and appearance. In no branch of the food industry have the results of scientific investigation been more effectively applied than in the canning industry. This is the reason why canned foods are as safe as any foods we eat, and safer than a number of common foods which are purchased fresh but are handled in the home in a manner which makes it possible that illness may arise from eating them when stale. Now comes the scientific investigator who shows us the fallacy of hasty reasoning from the analogy with ordinary cooked foods, which have lost through destruction, most or all of their vitamin C, to the conclusion that canned foods, heated even more thoroughly, have also lost their vitamin C content. There are special features in the canning process which preserve a nutrient principle which ordinary cooking destroys.

As for the other vitamins in canned foods, it may be said with confidence from data available, that these are not destroyed in canning to an appreciable extent. The high favor of canned foods among consumers everywhere is justified by the results of nutritional research.—E. V. McCOLLUM, Ph.D., Sc.D.

The League of Nations'

Its Social and Humanitarian Work

BY DAME RACHEL CROWDY

THE primary aim of the League of Nations is to maintain peace. It seeks this not only by trying to establish general disarmament but also by working for social welfare. Unsatisfactory social conditions are a source of discord both nationally and internationally. They should be removed for the sake of general progress, and the League of Nations is in many cases able to accomplish things which would be difficult or impossible for the individual countries to do alone.

The social welfare work of the League forms one division of the League's activities, and it is dealt with in its Section for Humanitarian and Social Questions. It is a broad division which includes a great many different kinds of work, these also varying somewhat according to the particular needs of the moment. Some of these tasks, such as the traffic in women and children and the traffic in opium, are the responsibility of the League as laid down by the Covenant. Others, like the repatriation of prisoners of war or the refugee question, have been taken up by the League either in general accordance with the spirit of the Covenant, or in response to the indication of public opinion.

At first, doubt was expressed in certain circles as to whether such work should be undertaken by the League. Monsieur Léon Bourgeois, the eminent Frenchman who has contributed so much to the League, very clearly affirmed a contrary opinion when he said that a wound could not heal unless it was first cleansed, and that

the social welfare work of the League of Nations should have as its first aim the cleansing of the wounds which are a menace to the countries in which they fester as well as to the world as a whole.

The first important humanitarian task undertaken by the League of Nations was the repatriation of prisoners of war. Over 400,000 war prisoners of twenty-seven nationalities were waiting to be repatriated in Siberia in the spring of 1920. Even the International Red Cross had made efforts in vain and a great number of these unfortunate people were living in the greatest misery. The undertaking was tremendous and funds were almost non-existent; but within two years all these prisoners were repatriated. In a similar way the League has rendered assistance to a million and a half Russian refugees with food, lodging, passport arrangements, as well as employment. This work was later handed over to the International Labour Office.

In the Treaty of Versailles a provision was inserted in regard to the International Opium Convention of 1912, which was an excellent document, but not in full working operation. In 1920 the First Assembly of the League of Nations decided to establish an Advisory Committee on Traffic in Opium and other Dangerous Drugs, Article 23 of the Covenant of the League entrusting the League with the duty of supervising the execution of agreements with regard to the traffic. Now 55 countries have signed the ratification of the Convention of 1912, which has thus become truly international.

¹ Read at the Interim Conference of the International Council of Nurses, Geneva, Switzerland, July 27, 1927.

How has this result been obtained?

Firstly, the great force of public opinion has been utilised. No publicity had formerly been given to the question, so publicity on a wide scale was undertaken. Formerly when any good results were achieved in any country or when flagrant delinquency had been proved, no one knew anything about it in other countries. Now, on the contrary, if a good law is passed, all the newspapers publish the fact; if an infringement of the law is punished, the news is published at once all over the world.

The means of achievement have been:

1. Conferences and committees held in Geneva, the results of which are at the disposal of all countries.

2. A system of exchange of information. If, for instance, a quantity of one or more of the drugs in question is confiscated in a certain country, the League is immediately advised with details concerning the confiscation by the Government of the country and is thus able to report the matter to all the countries members of the League. As a result of this, accomplices are discovered and international routes are prevented from continuing their traffic.

3. In certain countries the limitation of the production of opium. This production must be reduced and public opinion must be aroused in order that results may be obtained. The limitation will have to be gradual, a too rapid suppression being impossible, for economic reasons. India has already agreed to reduce her export of opium by 10 per cent for a certain number of years. Persia also has consented to try this method for three years. At the end of that period it will be decided whether the reduction can be continued.

In accordance with Article 23 of the Covenant, the League has occupied itself with the question of traffic in women and children. Not many years ago the majority of people, even those engaged in social work, were ignorant of the existence of this disgraceful traffic. In March, 1923, at the second session of the Advisory Committee which was appointed by

the League to advise the Council of the League in regard to the traffic in women and children, the representative of the United States (Grace Abbott) submitted a memorandum in which she recommended that the League of Nations should institute an investigation to ascertain certain facts relative to this traffic. It was decided that a general study of conditions should be undertaken and a body of experts was appointed by the League, who have not hesitated to dig into the depths of the underworld in order to learn the truth. They were able to find out for themselves that this scourge, this shameful traffic, does exist and is a crying evil in all countries.

It was proved that the majority of the women who are victims of the traffic, are foreign to the country in which they dwell, about 70 per cent being found in certain countries where the number of registered prostitutes is high. The men who ply this trade for money alone find it advantageous to expatriate these unfortunate beings and to place them in brothels which are under licensed supervision, where they may spend years of their lives, unable to escape because they have no money and no passports. The persons engaged in the trade make their fortunes in a few years. One of them, for instance, gained £12,000 in two years. Another found it worth while to make six journeys from Europe to South America in one year, taking three or four women each time.

The experts stated that in every country where regulated prostitution still exists there is a demand for women, and houses are found in which to place them. Even if one does not enter into the moral or hygienic side of the question, it is easy to realize how terrible this evil is. The body of experts agreed unanimously that public opinion should be aroused through

publicity, because laws would be useless without the pressure of public opinion.

Nurses can do much, I think, to arouse public opinion in this direction. They should be in the vanguard of social activity, not hesitating to speak on these questions when it seems advisable, giving information to those who are indifferent through ignorance. Is it known, for example, that in certain countries children of ten and twelve years old are placed in licensed houses? If this were generally known, would not public opinion be stirred into action? We should see to it that children and girls were better informed about possible dangers in this direction. Young people who so often do not realize the consequences to which their actions lead for the prostituted women, ought to be "made to think." The League is also preoccupied with child welfare in its various aspects. At first it was difficult for people in general to understand and accept the idea that this should be a subject for international consideration. They said:

Let each country act as it thinks best; questions regarding the repatriation of children are international problems, but the welfare of the child is a national one.

Experience has taught us, however, that in many of its aspects child welfare may be studied to advantage internationally. A study of comparative legislation dealing with the protection of life and health in early infancy, child labor, etc., is exceedingly useful. Problems connected with cinematographs, alcoholism, the delinquent child, the protective laws for the illegitimate child, etc., have much greater opportunity of satisfactory solution if they are taken up from an international point of view.

We have no time now to enter into details; one of your colleagues is a member of the Advisory Commission for the Protection and Welfare of Children and Young People and she can give you further information. It is easy to see that, as the League of Nations was founded for peace, the amelioration of the conditions of children in all countries comes within the sphere of its activity, for, as I said before, unsatisfactory social conditions are a source of discord. Could there be worse social conditions than those which cause suffering to children?



Stuttering

"IT is estimated that about one per cent of all school children in the United States are stutters. Stuttering is defined as difficult speech in which certain sounds, such as p, b, m, and w, are repeated. It 'is a spastic coordination nervousness caused by mental conflict.' Heredity is a predisposing factor and contributory causes are shock, nervous exhaustion and psychic insult. There are three phases of treatment: First, the surgical, which is to correct anatomic and pathological defects of the organs of speech. The second is psychotherapy. By psychoanalysis the cause is found and often corrected; by distraction, such as the use of the metronome marking each syllable, singing and chanting the sentences, breath grouping, pacing and writing, the patient's attention is taken from himself, and by inspiring confidence in himself and his speech he is greatly helped. The third phase of treatment is reeducation. This consists of special exercises in muscle relaxation to break the spasm of the speech organs, correct breathing exercises, vocal gymnastics and training in phonetics. Although stuttering is a difficult condition to cure, it can be done by persistence and the cooperation of the patient, his teacher and his physician."—John A. Glensberg, from "Selected Child Development Abstracts," issued by the Committee on Child Development, National Research Council.

A Dream Realized at Denver General Hospital

THE nurses of the Denver General Hospital realized the dream of years when they moved into their beautiful new residence just in time to celebrate Christmas. Mrs. Bessie K. Haskin, then Superintendent of Nurses, and now Superintendent of the Hospital, with an associate, studied residences for nurses in some

The illustration shows how artfully the furnishings have been planned for group activities. It is quite possible for twelve or fourteen separate groups to get together at one time. The colorful hangings are of hand-blocked English linen and the general effect is that of comfortable homeliness.

There is an informal lounge on each



NURSES' RESIDENCE, DENVER GENERAL HOSPITAL

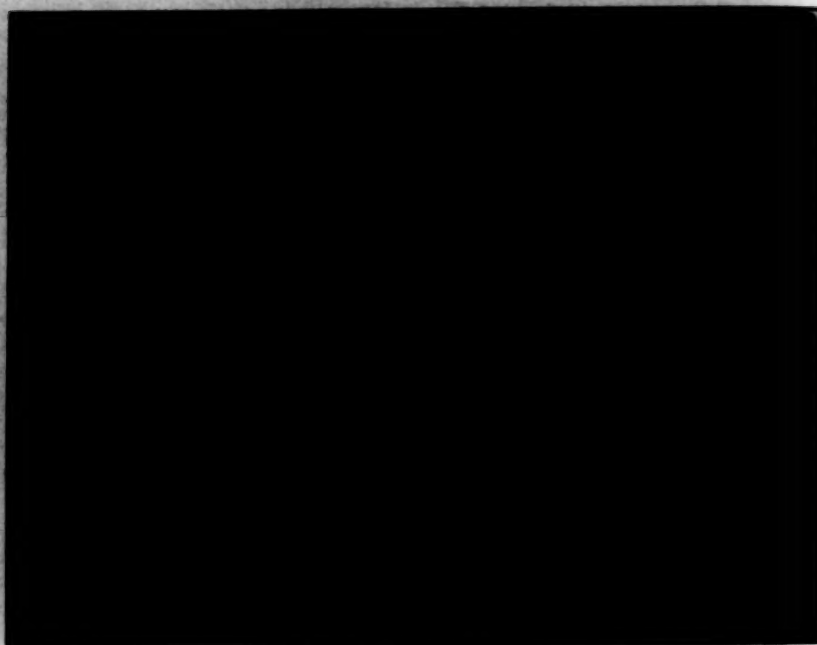
twenty-two cities before the plans were made. The resulting structure, while not luxurious, is giving eminent satisfaction from the standpoint of aesthetics as well as of utility.

The well equipped roof garden atop the main lounge, the long wing at the left of the picture, faces the lovely sunken gardens which provide also an admirable playground.

The main lounge has a fireplace, such as that pictured, at each end.

of three floors. The floors are covered with linoleum. Furniture and chintz draperies are in harmonizing colors; perhaps the most striking one is that with black marble linoleum, maize wicker furniture, and drapes in which yellow and orange predominate.

Beneath the lounge, and of the same size, is a gymnasium which will shortly have a complete equipment. It has a stage where plays, Class-Night and Cap-Night and other exercises may



ONE END OF THE MAIN LOUNGE

be given effectively. The velours curtains are of the school colors, moonlight blue with a red C. T. S. (Colorado Training School) on each

curtain. The floor is, of course, just right for dancing.

Sleeping rooms are all planned for two beds. The floors are covered with a tile patterned Kaeloun in an



Part of the library which has four long tables and can accommodate, with the present seating capacity, which could be much increased, 40 nurses at one time.



There is a large bathroom on each floor with beds, tubs, showers, dental beds and "hair-dry."

indeterminate color. Rooms are furnished in yellow, blue, rose, green and mauve, the washable rugs matching the bedspreads in tone. Every room is equipped with a house telephone and there is outside telephone service on all floors. Each nurse has her own closet equipped with shoe rack and a Yale lock. Bathrooms are equipped with showers, "hand-dris" and "hair-dris." The "hand-dris" run forty seconds and automatically stop. The

"hair-dris" are easily manipulated. These devices are not only a great convenience but have proved to be a real economy as they save the use of many towels.

Throughout the house there are many other evidences of extremely careful planning to secure maximum beauty and utility at reasonable cost. The result seems both to justify the expenditures and to fulfill the hopes of those interested.

"MY PART"

BY LOUISE P. NELSON, R.N.

I THE Black Nurses of America,
Wish to do my part.
My heritage of service,
My gift of enlightenment,
My love of fellow man
And country, my religion,
All these
Urge me on to serve.

*I read of Florence Nightingale
Aristocrat of England;
I rejoice in her courageousness
And love her for her service.*

*They tell me of Henri Dunant,
The Swiss who saw a vision;*

*Whose heart was torn by scenes of pain,
But whose dreamings were not passive.*

*I hear of Dorothea Dix,
Clara Barton, Jane Delano,
And many others near and far,
Whose lives were spent for others.*

*I see the American Red Cross,
The older sister, mother, friend,
Of all who have distress or want,
And need a helping hand.*

*I, the Black Nurses of America,
Wish to do my part
To make this land so rich in gold
The same in health and peace.*

The Surgical Treatment of Pulmonary Tuberculosis

BY CHARLES D. LOCKWOOD, M.D.

ONE of the most interesting developments of modern medicine is the surgical treatment of pulmonary tuberculosis. This disease has heretofore been considered the peculiar domain of the internist and surgical treatment was considered unjustifiable. It has always been thought that patients suffering from tuberculosis, owing to their depletion, were very poor surgical risks and even emergency operations for diseases of other organs in the tuberculous were undertaken with great trepidation.

The chief obstacle to surgery in these cases was the anesthetic. All anesthetics are more or less irritating to a lung, and ether, which has been in common use until recently, is particularly irritating to the bronchial mucous membrane. The newer anesthetics, nitrous oxide and ethylene which are now in common use in this country, are much safer and less irritating than ether and their introduction has contributed much to the progress of chest surgery. Improvements in local anesthesia have also rendered operations on the lungs much safer.

Little progress was made in the treatment of tuberculosis until the principle of rest was applied. At first bodily rest, such as is carried out extensively in tuberculosis sanatoria, was resorted to and this proved a great advance in the treatment of early cases. The great difficulty encountered in the control of tuberculosis is due to neglect of early recognition of the disease, as the great majority of patients infected with tubercle bacilli do not seek expert medical advice until the disease is far advanced. Only a small percentage of advanced cases are curable by the ordinary régime of sanitarium care.

To check the progress of tuberculosis in these advanced cases, the principle of rest must be applied directly to the diseased lung. A number of surgical procedures have been evolved which produce this result. The simplest of these and the one which has been longest in use is "pneumothorax" or the introduction of air into the pleural cavity through a needle. The lung, under normal conditions, is in a state of negative pressure and as soon as air is introduced into the chest cavity a condition of positive pressure is established and the lung is squeezed up into a small compact mass against the spinal column. Respiratory movements in the compressed lung almost cease and it is put completely at rest. Under these conditions there is no spread of the tubercle bacilli and healing takes place. This method of treatment by pneumothorax is one of choice in all cases where surgical treatment is indicated and where the conditions for it are favorable. It has many disadvantages, however, such as the necessity for prolonged treatment with many refillings of air; the fact that many patients will not persist in the treatment; and most important of all, the difficulty often encountered in entering the pleural cavity. A large percentage of advanced cases, otherwise suitable for pneumothorax, have dense adhesions between the two layers of pleura, precluding the employment of this simple surgical procedure. It is in this latter group of cases that the new surgical operation of thoracoplasty finds its place.

Thoracoplasty consists in the removal of portions of eleven ribs, from the eleventh to the first. From two to

five inches of the various ribs are removed, thus allowing the chest wall to gradually sink in, compressing the lung in the same manner as is accomplished by air in the pleural cavity. The segments of rib are removed from the ends nearest the spinal column and the chest wall swings inward as on hinges. The operation is done in two or more stages, depending upon the condition of the patient. The first stage usually consists of resection of seven ribs, beginning below at the eleventh rib and proceeding upward to the fourth. The second stage completes the resection of the ribs from the fourth to the first, inclusive. It should be performed within four or five weeks following the first stage to obtain maximum benefit from the first operation. If the second stage is deferred too long, the ribs previously resected become united by bridges of cartilage and the second stage does not then accomplish complete collapse of the lung. Patients often improve so much after the resection of seven lower ribs that they refuse the second operation. In a good percentage of cases recurrence will take place if the resection of all eleven ribs is not accomplished.

This operation has been employed thus far chiefly in advanced cases with pulmonary abscesses which have been considered hopeless. From sixty to seventy per cent of these cases are now practically cured by complete and well done operations. The immediate mortality from the operation is about ten per cent. Twenty-five to thirty per cent will die within one or two years, notwithstanding the immediate benefits obtained from the operation, but it must be remembered that these are the most advanced and hopeless cases.

The indications for thoracoplasty are: (1) A relatively sound lung on one

side. (2) Patients in whom pneumothorax has proven unsuccessful. (3) Patients of sufficient vitality to withstand a major operation. (4) Patients who from the inception of the disease are subject to hemorrhages. (5) Patients in whom the tuberculous infection is of the pneumonic type.

In selecting the cases, careful X-rays should be taken of the chest and close coöperation maintained between the medical specialist and the surgeon. Following the operation, the ordinary régime in the medical treatment of tuberculosis should be followed for a period of six months.

The surgical treatment of tuberculosis is so revolutionary and radical that medical men are slow to accept it, but those who have observed a large number of these cases under surgical management believe that within a comparatively short time every case of tuberculosis will be given the benefit of surgical consultation. Both internists and surgeons will learn to recognize early in the disease cases which will inevitably go on to lung destruction and abscess formation and the percentage of cures will be greatly increased by this prompt recognition of the cases that ultimately will demand surgery.

Postoperatively, patients undergoing thoracoplasty suffer mostly from pain on deep inspiration, difficulty in raising the sputum and in changing their position. Good nursing contributes much to their comfort and speedy recovery.

Morphine must be given sparingly as it checks the coughing mechanism. Hot drinks, inhalations of tincture of benzoin and creosote help the cough. The position must be changed frequently to prevent congestion of the lungs and pneumonia. A nurse may become very deft in turning these patients from side to side without

undue pain. They are usually more comfortable in a semi-sitting posture and once a day, after the first twenty-four hours, a special effort must be made by the nurse to encourage emptying the abscess cavity by posture. Most patients have learned how best to clean out their lungs but are often reluctant to do so because of the pain. Skill and determination on the part of the nurse can do much to encourage them to expectorate. The usual precautions must be taken to prevent infection of others by the tubercle bacilli.

National Hospital Day

HOSPITALS the world around will this year celebrate National Hospital Day. They will keep "open house" in most hospitable fashion. Many will be the devices



used to call attention to the place of hospitals in their communities and the service they render. Hospital Day is not a time for money raising. It is a time for promoting understanding and good will.

The nurses of the Methodist Episcopal Hospital, Princeton, Ind., had a happy time preparing the illustrated exhibit for a shop window which attracted much attention and focussed widespread interest on the hospital and its service.



Measles and Pneumonia

MEASLES, as is perfectly evident from the figures on deaths, is especially dangerous to children under two or three years of age. There are two definite measures which will do much to prevent these deaths.

1. The use of convalescent measles serum for these young contacts. If given within five days of exposure, the serum in the majority of instances will prevent the disease. If given within the next few days, perhaps as late as the eighth or ninth day after exposure, it will usually result in a very mild attack of the disease which allows the child to obtain his permanent immunity.

2. Pneumonia and measles go hand in hand. Pneumonia is the complication from which measles patients die, often after apparent recovery from measles. It is therefore of very great importance that measles patients, particularly young children, be given the best of care not only during the course of the disease but especially during convalescence in order that this dreaded complication of pneumonia be avoided. Measles should never be regarded lightly. It is a serious disease and should always be so considered. Medical advice should always be obtained and continued throughout the disease. The physician's advice should be carefully followed, particularly during convalescence. Do not let the child get up and play until your doctor says that he may do so. To allow the child to get up too soon may result in pneumonia.

How To Apply for a Position

BY MAURICE H. WESEN

"NINETEEN out of twenty application letters are not even worth considering," says one employer. Many others agree with him. Most applications are discarded as fast as they can be opened and glanced at. They are so poor, both in form and in content, that a mere glance is enough to satisfy the employer.

What accounts for this condition? The letter of application is the most important piece of writing that most people ever undertake. It is hard to believe that the applicant would allow haste or carelessness to spoil his letter. The employer naturally assumes that the letter before him represents the best work that the applicant can do. If the applicant is careless in a matter as important as this, he is immediately classified as undesirable and his letter goes into the wastebasket.

Put your best into your letter of application. Remember that this letter is your representative. This letter must take your place. It must stand up and talk for you. It will make an impression of some kind on the person who reads it. You want that impression to be favorable. In order to make a favorable impression, your letter must measure up to present-day standards of business letter writing. These standards are much higher than they were a few years ago. The applicant who has failed to keep up with these rising standards lacks an essential qualification.

Several important steps should precede the writing of the letter. In his instructions for cooking a rabbit, an old writer begins by saying: "First catch the rabbit." In securing a position, the first step is a study of the market. A little investigation will

prove profitable and may reveal possibilities that you had not thought of. Friends will be glad to give you such information as they have. Newspapers and magazines will help. The best sources are professional and technical journals. Most of these have departments devoted to positions.

When you have found a prospective position that interests you, study it carefully. If there is an advertisement, list the points that it mentions. If these are very general, such as "education" and "experience," subdivide them and list several headings under each. Add other points that you consider essential. Ask yourself: Exactly what qualifications and what characteristics are needed by the person who is to succeed in this position? Consider the matter from the employer's point of view. Try to realize what kind of person he wants to fill this position. Outline in logical form all matters pertaining to the position. If there is an advertisement, follow its general plan in making your outline.

An inventory of the needs of the position should be followed by a similar analysis of one's qualifications for meeting those needs. Do I have the qualifications necessary for succeeding in this position? In what respects do I measure up to its demands? In what respects am I deficient? How can I bring myself up to the required standard? Answer these questions frankly and fairly. Such an analysis will help you to decide wisely several important matters. It may lead you to look further before applying. When you go ahead with your application, this analysis will indicate how your letter should be planned and written.

A study of numerous letters of application shows that there is a well established plan of procedure in such letters. The outline presented here is logical and is approved by good usage. It has been used successfully in many actual trials. Remember that it is a general guide. Feel free to vary the order of parts, to omit some, to add others, and to shift the emphasis to suit special circumstances. A good, thorough, and successful application for a responsible position usually contains all of these parts, in this order:

1. An immediate statement of the purpose of your letter; namely, to apply for a certain specified position.
2. A statement of the source of your information about the vacancy, or the reason that led you to apply.
3. An indication that you understand the needs of the position and the nature and importance of its duties.
4. A statement of your qualifications for successfully undertaking these duties.
5. The names of a few persons to whom reference may be made for the purpose of verifying these statements or of securing additional information.
6. A request for an appointment for a personal interview.

Many so-called applications are not applications at all. The writers merely talk about the position or ask about it, without making specific application. The applicant should state his purpose openly and directly. Many people find this part of the letter the hardest to write. Here are some ways of getting it said:

Please consider me an applicant for ____.
 Please consider my application for ____.
 I wish to apply for ____.
 I wish to be considered for ____.
 I wish to be considered an applicant for ____.
 This is my application for ____.

Applicants are invariably required to state what education they have had, often under the ambiguous phrase "full particulars." In listing schools

that you have attended follow the chronological order. In each instance give the complete name of the school, the address, the period of your attendance, the diploma or degree that you received, and the date of this. It is often advisable for the applicant to list some of the specific subjects that he has studied and to indicate his major interests in school and college. Most employers want more than evidence of mere school attendance. They want some evidence of genuine achievement.

An employer always wants information about an applicant's previous experience. The more responsible the position, the greater is the stress placed upon experience as a qualification. In every application the statement of experience is a highly important part. If your experience has been short, you may properly include a complete record. If your experience has been long and varied, select and stress certain items and mention others incidentally if at all. The chronological order is usually followed in statements of experience. Some applicants prefer to begin with the present and set forth their records in reverse order. The employer is interested chiefly in information about the position that you are holding now. The applicant should give in each case the correct and complete name of the employer, his mail address, the exact period of employment, and the specific title of the position held or the nature of the work done.

Applicants are frequently asked to give information on other subjects, such as age, matrimonial status, health, nationality, religion, affiliations, citizenship, dependents, savings, insurance, investments, travel, honors, hobbies, and war record. Preference is often given on the basis of this information, depending on the nature of

the position. Salary is perhaps the most troublesome subject of all. Many an applicant has lost his chance by conveying the impression that the salary was his only interest in the position. The beginner, especially, should remember that opportunities for development and advancement are of greater importance than immediate salary.

An employer naturally wants some verification of the applicant's statements and some information that the applicant is not competent to give about himself. Hence the applicant should cite a few good references. Three or four are usually enough. They should be qualified to speak authoritatively. They should be willing to speak favorably. And they should be acceptable to the prospective employer. Select your references from his point of view. Secure definite permission before you use any name as a reference. Acknowledge such permission. Express your appreciation for assistance rendered by persons used as references.

Personal interviews are almost invariably required of applicants for responsible positions. An interview is advantageous in every case, both to the applicant and to the employer. If the circumstances permit, the applicant will do well to request an appointment for an interview. In preparation for the interview he should study the situation thoroughly and make readily available all necessary information, including names, dates, addresses, and letters of recommendation. The "you attitude" and businesslike conduct in the interview are important factors in a successful application.

All of this material should be presented in correct and pleasing form. A slovenly letter will get no attention. The application is a business letter and

should have the appearance of such a letter. It should be written on regular business stationery, eight and one-half by eleven inches, plain white, unruled, and of good quality. A good grade of typewriter paper will serve. Do not use social note paper or hotel stationery. Do not use an employer's letterhead without specific permission. Center your letter on the page and leave an even margin all around it. Applications are now usually typewritten. Most of them are single-spaced within parts, double-spaced between parts, and double-spaced between paragraphs. Most of them show paragraph indentation in the body but not line indentation in the opening and closing parts. The following specimen will help to explain these matters of form and content:

1232 R Street,
Lincoln, Nebraska,
January 11, 1928.

Mr. A. S. Smith, Principal,
Hebron High School,
Hebron, Nebraska.

Dear Sir:

I wish to apply for the position of commercial teacher in your high school advertised in the *Lincoln State Journal* of January 10th.

No doubt you want an instructor capable of teaching four semesters of work in shorthand and typewriting and two semesters of book-keeping in accordance with the requirements of the *Nebraska High School Manual*.

I am qualified to teach these courses, and can also give a secretarial course and a course in Business English if you desire.

I received my first business training in the Van Sant School of Business in Omaha, Nebraska, from which I graduated in 1922. In February I shall graduate from the Commercial Course of the University of Nebraska with the degree of Bachelor of Science in Education.

My teaching experience consists of one semester of practice teaching in the Teachers' College High School. My success with this class leads me to believe that I could handle such a position as you have open. I have also had four years of business experience in

Omaha, which I consider a valuable asset to a commercial teacher.

If you desire references, you may address my last employer, Mr. Charles Richards, Sales Manager of the Steel Products Co., Omaha, Nebraska. Miss Amy Best, and Miss Bertha Mount, my instructors in the University will be glad to give you information as to my teaching ability.

I shall be glad to give you any further information you may wish or to arrange for an interview at your convenience.

Very truly yours,

(Miss) Emma Nelson.

This brief summary of the applicant's problems is far from being an adequate treatment of the subject. A single specimen cannot illustrate all of these points. Those who are interested in a more thorough discussion, together with many specimen letters, will find it in the author's little book, "How To Apply for a Position by Letter and Interview." Those who are interested in a more comprehensive study of business letters and reports, with chapters on words, spelling, sentences, punctuation, paragraphs, and the preparation of manuscript, will find it in the author's larger book, "Everyday Uses of English."



A Useful Index

An exceedingly useful index, the *Library Index*, is published weekly by the National Health Library, 370 Seventh Ave., New York City. Not only does the index include articles on nursing with annotations, but articles on allied subjects as well. Moreover, the page is so mimeographed that items may be cut and mounted on three by five cards, in this way building up a subject card index. The subscription price is \$2.00 yearly. A sample copy of the *Library Index* is furnished on request. Urge the nursing schools in your state to send for a sample copy.

A Notable Christmas Gift

GROUP INSURANCE AT TRUDEAU SANATORIUM

TRUDEAU Sanatorium received, as a Christmas gift, means for providing group insurance for all employees six months or more in service. This it has done as follows: Employees with six months to two years' continuous service, \$500 life insurance, with total and permanent disability benefits; employees with two years or more of continuous service, \$1,000 life insurance, with total and permanent disability benefits. All employees receiving the above free life benefits, who are actively at work, are offered the following additional benefits: employees with six months to two years of continuous service, \$500 life insurance, with total and permanent disability benefits at a cost of 15 cents weekly; employees with two years or more of continuous service, \$1,000 life insurance, with total and permanent disability benefits, at a cost of 30 cents weekly. The insurance was offered those actively at work without medical examination. New employees may enter the plan if actively at work at the end of six months.

Should an employee leave the service of the Trudeau Sanatorium, his insurance under this cooperative plan terminates, but he may obtain from the insurance company, within thirty-one days, without medical examination, an equivalent amount of individual life insurance (term insurance excepted) at rates applicable to his then-attained age and class of risk.

The Trudeau Sanatorium is paying a substantial portion of the cost of this insurance. The cost is very much lower than the cost of similar insurance if purchased individually and, in addition, no medical examination is required. In order to obtain the additional group life benefits, it is necessary to sign an application card. The law requires that at least 75 per cent of all eligible employees shall agree to participate, in order to make these additional benefits effective. The plan is being established for the benefit of the employees and their families, and it is hoped that every eligible employee will take advantage of this offer.

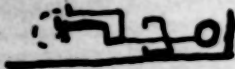
The insurance includes all nurses on duty six months or more. "The one difference that has been made for pupils," says Katherine G. Amberson, the Superintendent of Nurses, "is that they will all be given \$1,000 policies with the privilege of taking an extra \$1,000."

Abdominal Exercises

BY MAY R. MAYERS, M.D.

THESE exercises for painful menstruation were published in the January *Industrial Hygiene Bulletin* of the New York Department of Labor, under the title *Abdominal Exercises for Working Girls*. They are reprinted here with permission of the author, because their value is by no means limited to industrial cases.

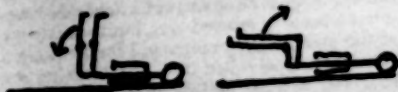
1. Lie on back. Raise legs at right angles to the body, keeping knees bent, and work legs in air as though riding a bicycle. Repeat fifteen times.



2. Lie on back, with arms at sides. Place a heavy book on the abdomen, and try to lift book as high as possible by pushing up with the abdominal muscles. Then relax. Repeat twenty times.



3. Lie on back. Raise legs at right angles to body. Bend and unbend knees. Repeat fifteen times.



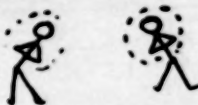
4. Stand straight with arms outstretched. Bend the body first to the right as far over as possible, and then to the left. Repeat fifteen times.



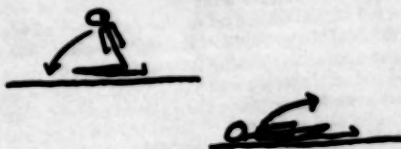
5. Stand straight with hands upon hips. Rotate body on hips first to the right side as far as possible and then to the left, alternating. Repeat fifteen times.



6. Stand straight with hands upon hips. Revolve the body on the hips from right to left, and then from left to right, bending forward and backward while going from side to side.



7. Sit in bed with legs drawn under. Bend forward until chest touches bed, then rise to former position. Repeat forward and backward ten times.



8. Sit up in bed with legs extended out in front. Lie back, and then rise to a sitting position without the aid of the hands. Repeat five times.



9. Place arms on the sides of a chair seat. Push legs backward, thus coming down and touching the seat of the chair with the abdomen. Then return to original position. Repeat ten times.



10. Lie on back. Raise legs to right angles to body without bending knees, and return to original position. Repeat fifteen times.



These exercises, to be effective, should be done regularly morning and evening. They improve the circulation of the pelvis, and strengthen the abdominal muscles.



A Tribute to Army Nurses

"**N**OR would I omit an expression of admiration for all of the personnel of the medical department. Indeed I should place the noble women who for so many years have devoted themselves to the service as nurses on an even higher plane than their brothers. In peace and in war they have transformed our hospitals and even our field stations into establishments incomparably superior to those of the period when nurses were not provided. No one who saw the distressing conditions of '98 can look upon the ministrations of our nurses today and in the years that have passed since then with feelings other than those of devout thankfulness."—From an address by Major General C. P. Summerall, Chief of Staff, U. S. Army, at the Graduation Exercises of the Army Medical School, January 31, 1938, quoted in a letter to officers in the Reserve Medical Corps of the Army.

"**B**UT the fact of having seen conditions and their bearings and of being in a position to prevent them, would seem to deprive one of the right to indulge a personal reluctance to incur consequences."—From "Mother India" by Katherine Mayo.



Eye Care in Measles

PARENTS are warned against the old-fashioned notion that children with inflamed eyes in the early stages of measles must be kept in dark rooms. There is probably no other disease of childhood in which fresh air and good light are so imperative in treatment.

Among the earliest warnings of an oncoming attack of measles is the reddened condition of the eyes. Tears may be noted as excessive and ready to overflow the lashes during the stage of sneezing and coughing that precedes the skin eruption of measles. These early inflammatory warnings in the eye require no treatment. They are usually accompanied by some fear of light and this fear of light has prompted vicious care responsible not only for loss of eyesight, but also for the loss of many children's lives. Fresh air is needed to avert and counteract the infection which kills those babies and children who are lost from pneumonia; and good light is needed not only to kill the germs of pneumonia and other germs but also to avoid the serious eye conditions developing as a later complication in measles. As nearly as possible, the head of the child's bed should be toward the window. This will give light in the child's face without the direct rays striking the eye in such a way that they cause pain from the light. With the bed well placed, the light rays strike the eyes at pretty nearly a right angle, instead of coming straight in. The eyebrows and the heavy arch above the eye socket all give protection. Measles is not a cause of crossed eyes, but too early use of the eyes at close range and for too long a period of time when the eye muscles are relatively as weak and flabby as are all other muscles of the sick child has been responsible for muscle faults of thousands of children's eyes. The fault often first becomes noticeable during convalescence.—From a radio talk by Dr. B. Franklin Royer, Medical Director, National Society for the Prevention of Blindness.

Off Duty—and Its Uses

BY CHARLOTTE JANES GARRISON, R.N.

A JOB—it means where we live most of the time, and on what we live all of the time." So runs a definition recently seen at a Social Workers' Conference. Of prime interest is environment to a profession which must always be concerned about its way of living. That there is a restlessness in the sisterhood cannot be denied. Is it because of an instinctive desire for one's own vine and fig tree? Or because of the utility of a profession in which a foothold and welcome may be secured almost anywhere? A wise and all-seeing statistician may answer in another paper. Suffice it to say that all who know the problems of the profession are concerned in a tendency of our group to wander.

How many of us practise the fine art of taking root in one's community? How many superintendents include such counsel in contact with students? How many practise what they teach and encourage their associates to do likewise? Of those who have been graduated and gone into the public health field or institutional employment, how many make themselves at home and proceed to know their towns? Are they of the socially minded, gregarious type, or the ambitious solitary, reaching out for all that may be found of interest?

"Traditionally," says a wise student of the profession, an eminent nurse of wide relationships, "nurses have excused themselves from church and club connections. They have believed, and their public believes that it is because of irregularity of hours. If the professional woman really wants to attend the affairs of church, the theatre, and cultural meetings, she will do so, no matter

what her work may be. It depends," she concludes, "upon the energy, initiative and the desire of the person."

Knowing one's town or city is a fascinating pastime. The more one has read and travelled, the greater the delight in recognizing characteristics of the community. One will be interested in a map of the county or city which may readily be bought or viewed in the county court house or city hall. The history of the region is worth cultivation. To the Northern woman in the South, the historic spots and homes of famous statesmen help to explain attitudes and to vitalise history. It is well worth inquiry to find out the type of early settler, why a town site was selected and how the place was named. Why is it that one town in the Middle West looks like the western frontier and another like a New England village? How did it happen that Scandinavians peopled a certain valley in the northern part of a state, while in the southern half are descendants of Germany? What causes one town to be austere free from billboards, from railroad signs, and industry, when its neighbor is a railroad settlement and rife with flamboyant posters?

Any old resident is charmed to find a listener. In a picturesque old river town in Iowa is Whiskey Hill, so named because an early settler, taking home the currency of the day, bumped a barrel off his ox team, whence it rolled to the valley below. Crossing a stream one is told of the tricky trader who "burned the water" on which he had poured oil to show the Indian his power, and compelled the awe-struck native to sell his lands and skins at traders' prices. And Mary Ann hill where lived the hospitable, but

blasphemous lady of local history. There are stories of the heroism of the early country doctors, and of later sons who drive through the once boundless prairies in high powered cars, where once steeds with saddle-bags slung over their backs plodded through. In an old county seat in Minnesota, an oldtime surgeon will tell one of frontier days and show the carbolic spray with which he secured the technic of the day. Every town has its moments, its places of interest, its light and shade. There may be quaint shops of color and variety, presided over by charming women of creative ability, a pottery, an unusual manufacturing plant or system. Some one with a social conscience may have given the community a settlement house for recreational use or to demonstrate wholesome standards as a vibrant social influence.

One should set out to find these things as soon as can be managed. Procrastination is also the thief of opportunity. Every one recalls the old couple who lived for years within twenty miles of Niagara Falls and never made the trip there. "I've lived in this mill village for two years, and never have got around to see how cotton cloth is woven," confessed a Southern girl. Some folk see more and become better acquainted in two weeks than do others in months.

Reading the local papers will inform one of the world about. The securing of information on local issues and candidates, so that voting may be intelligent, is an obligation for those qualified by residence.

A satisfactory way to make friends is through a church connection. A very vital part of each community, its leaders are usually interested in what concerns the progress and well-being of the town, including health programs in or out of the hospital. Everyone can be an attendant at

church, even though not a member, with benefit. Those who do have memberships elsewhere will have a greater interest in transferring. For anyone, there should be a certain contribution, both financial and in willingness to do a certain piece of work, no matter how small it may seem. The helpful efforts of a town should have a recognition, with even the small contribution which we may have to make. Boy Scouts, Red Cross, Y. M. C. A. and especially Y. W. C. A. and the sale of Christmas seals, all help to make a better community in which we share. "Where the treasure is, there the heart is also" was written long ago, but is equally true today. In some places, church suppers and bazaar are the mainstay of social life. To one bent on getting from her sojourn what she may, the cordiality and kindness and local color more than compensate for the time and money spent.

The young woman having a fraternal membership is indeed fortunate, if she will use it. Open arms will welcome her, and pleasant contacts result. The Legion Auxiliary will be happy with her membership and the widened acquaintance will help the nurse in her health work or hospital, as this organization is reaching out for more work of a community nature. When eligible, a membership in the American Association of University Women, the Daughters of the American Revolution, and the Woman's Club will prove of benefit to the club as well as to the nurse and the work she represents. Usually the Business and Professional Woman's Club meets in the evening, and almost anyone can attend these stimulating meetings.

How to keep from growing stale confronts one, whether a city or country dweller. Almost any public school has night gymnasium lessons,

or one can secure a private dancing teacher. "Where would one dance, if she did?" a skeptic asks. At least it is a good thing to be prepared for the opportunity, and the lessons can be fun. There is usually a library of sorts, and any group may start a reading circle, buying books, discussing them, and finally dividing them among the members. An appreciation of art may be strengthened and developed by contact with the really good instruction which may be found in certain places. Music may be an outlet. Dr. Caroline Hedger, a famous hygienist who has done much for nurses, began piano lessons after forty. Six girls formed a Current Events class with the wife of the city manager as leader. A small fee was required, and a social five minutes followed. The class grew and more room was found. Now it is a permanent section of a woman's club. Bridge may be a tie that binds. The nurse who ignores the ancient game in some towns courts social isolation and private lessons may form a kinship among those who need improvement.

The superintendent of the public health staff, as well as the superintendent in a hospital, needs to look well to her contact with her public. As an individual, a certain happiness in friendships are her inheritance; as a leader, she is concerned with the social contentment of associates. She seeks also to know those who will be helpful in the promotion of the work she has in hand. Frequently her attitude toward society is reflected in turn to the group she represents. Fortunately the tendency of women to neglect their playtime is decreasing. In many places the superintendent belongs to a country club; sometimes, though not often, she is seen playing as seriously as does her brother. A club membership makes possible the return

of courtesies and entertainment which is often so lacking for the professional person without a home.

How to reciprocate in hospitality is a problem. No self-respecting person wants always to be a "taker." Not that return favors are expected, but there are gracious little ways of keeping friendships green. A very lovely college girl, arriving at a hospital for duty, was promptly introduced to a socially prominent woman of her own church denomination. She was invited to sit with the family in church, to dinner, to a drive about town, and received other attentions. Repeated kindnesses were shown, in order to make the girl feel very much at home. "They are nice people, but I don't care for older society," was the young woman's plaint, "I want to meet people of my own age." After she had left her position for her home in the east, the townswoman came to the superintendent. "I never did understand your Miss W——," she said. "She was of a splendid family; her father is a manufacturer with interests like ours. There was every reason in the world for our continued friendship. My daughter Mary is a busy student and very quiet. Hugh, my son, was busy and engaged, and not available as a cavalier but if Miss W—— had been patient, she would have met young people whom she would have liked. If she had shown a spark of interest in the family here, we might have understood her." A phone call, or an inquiry if one is ill, a little note, these do not take much time, and little things do keep friendships growing.

After all, business and professional women need to keep in touch with normal, happy people. Some women have supplanted their lives by the adoption of children, and by maintaining homes. Some keep a contact

with young families in their environment, to keep apace with family living. Too; there are many isolated persons to whom a visit from an attractive professional women would be a pleasure, even an honor. The busy world forgets our old folks, and what a wealth of tradition they have to give us, what insight into history and the march of human progress and of understanding. The contribution of the old is shown in the new literature, as in "The Grandmothers," Sandburg's "Abraham Lincoln," and "A President Is Born." A needy family, or a special baby for a bit of attention from time to time, does as much for the donor as for the recipient.

To some, the possession of books, teacups, linen, and personal things, is almost as essential as a toothbrush. Equally as many charming women will have none of them. Like Rebecca McCann, they think

Possessions weigh me down in life
I never feel quite free
I wonder if I own my things
Or if my things own me.

It is true that many nurses have a homing instinct. Their rooms are as characteristic as their dress or their letters. It must be confessed that the average superintendent is pleased to observe individuality in the rooms of her nurses. "I can't help feeling that a woman who carries some of her home in her trunk, is a far better nurse," said a leader who meets many of her profession. Surely the excess baggage paid by our sisters renders tribute to the instinct of the homemaker.

An educational director in a middle state was formerly in charge of a small hospital on the fringe of a rural territory. Because of this experience, and because of her great heart and sympathy, she comprehended readily the problems of the student in adjustment, and the use of leisure hours.

As principal of a great school she had her opportunity. It was she who secured funds for special celebrations and impromptu affairs, who wheedled the committee into making picnic pick-ups popular with the omnipotent chefs, who could suggest an outing so adroitly that it would appear to come as a request from the most a-social student. "I remember so well," said a reminiscent married alumna, years afterward, "her eagerness for our good times. She was always so interested in our recreation and in getting us out-of-doors. I don't know how many times she slipped taxi fare into the hands of night nurses, so the party could stay out in the fresh air of park or country until the last possible moment."

The superintendent of nurses of the public health group or of the hospital with graduate nurses may stimulate likewise the interest in recreation. Said a new arrival to the chief nurse at a government station, "I have always wanted an assignment here, because of Miss B——'s report on the good times she had here. She says there is such a spontaneous hospitality. That anyone worth meeting who arrives in town just naturally appears here for tea and the nurses have such a delightful time the year around." The chief nurse smiled. "It is our custom," she said, "and now everyone who comes here helps, in turn, to keep our reputation for good times."

An increasing number of nurses are reaching out for higher education. Extension courses offered by our leading universities are a means for many in broadening their horizon, and making possible the possession of degrees. Permanent night duty has its reward in its fixed hours, and may enable the ambitious nurse to attend afternoon classes several times a week, if near a college. Schools connected

with our universities make every opportunity for their nurses to extend their study. Indeed, according to leaders of these schools, such an attitude is expected in their personnel.

Interest, humor and enthusiasm are handmaidens which invest environ-

ment with color. Add to the trinity a contribution of material and psychical interest in the life about, and the job, if it means "where we live, most of the time, and on what we live, all of the time," may become indeed a pleasant area.

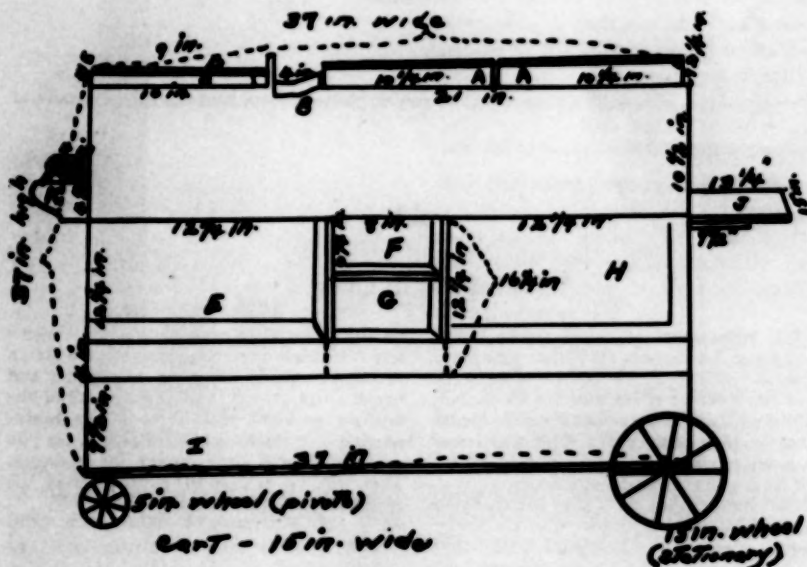
A Plaster Cart

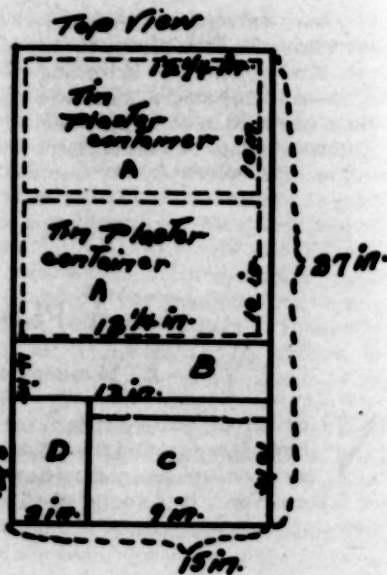
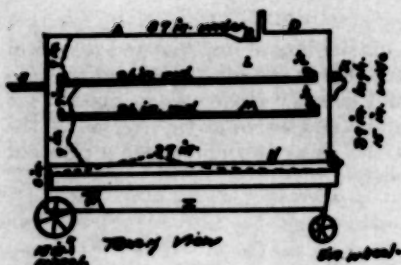
By MARGARET MCGREGOR, R.N.

NURSES of the Gillette Children's Hospital find this plaster cart convenient, and a time- and labor-saver. It is equipped with every appliance and supply necessary

for the application of a cast or for its removal. Ordinarily it is kept in the plaster room, but it is easily transferred to the small operating room when occasion requires.

Front View Plaster cart.





- A—Tin plaster containers (removable).
 B—Compartment for cast cutters and felt rollers.
 C—Compartment for benzene, olive oil, alcohol, vinegar and plaster (loose). This compartment has a wood lid and hinges.
 D—Compartment for cast knives and bandage scissors.
 E—Compartment for stockinet (various widths).
 F—Compartment for gauze and muslin bandages.
 G—Compartment for gloves, tapes, etc.
 H—Compartment for sheet wadding (various widths).
 I—Shelf for sugar, salt, enamel basins, etc.
 J—Shelf for plaster basin (water for plaster).
 K—Handle for pushing cart.
 L-M—Metal rod, 36 in. long x 1/2 in. thick, for gowns, plaster canvas boots and large squares of felt.
 N—Compartment for small pieces of felt, etc.

Progress in Chile

THE government school of public health nursing, La Escuela De Enfermeras Sanitarias, at Santiago, which was described in the *American Journal of Nursing* for December, 1937, graduated its first class of public health nurses in December, 1937. The course was ten months, given to nurses who had graduated from other government schools.

It is expected that the course will this year

be put under the jurisdiction of the University. If this is done, the course given will be a three-year course stressing prevention and hygiene throughout, and devoting all of the last six or eight months to public health nursing. A high school diploma, or its equivalent, will be required for entrance. This will be a marked advance over the requirements of the existing schools.

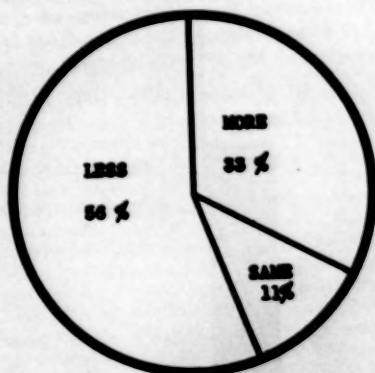
The Registries Report

THE Grading Committee has collected some startling data from a list of 389 registries. Of those reporting, 63 per cent are run by hospitals or alumnae associations; 24 per cent by district associations or nurses' clubs; 10 per cent by individuals or business firms. An impressive majority of the registries do not want any more nurses, a fact which will in no way check the graduation of thousands of nurses this year.

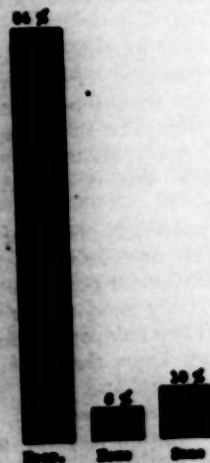
The situation would be black indeed if the registries represented the total need for nurses, but they do not. According to the American Medical Association, only 2,155 of the 7,416 hospitals of this country have schools for nurses. The others all offer op-

the need of these homes has never been satisfied.

Nurses have never really thought in terms of supply and demand. The demand, to a striking degree, has nearly always been in their favor. Nor do they like to think in economic terms. But the tide has turned. The profoundly significant reports of the registries indicate that nurses must



"Do you have more or less calls now than you have nurses to fill them?"
Feb. 1928



"Which are easier to fill, calls from hospitals or from homes?"

portunities to graduate nurses. Or, as one authority reminds us, we have only one nurse to ten hospital beds in this country! The homes of the middle class throughout the land offer opportunity that has never been appreciated but every nurse knows that

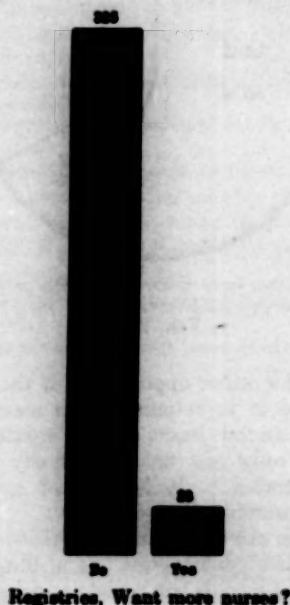
look for wider opportunity if the profession is to remain on an economically sound basis. As a matter of fact, only one field has really been "saturated." It is that of special-duty nursing.

It is not surprising that this condition has come about. The hospitals having schools run registries primarily in order to secure readily the nurses they want for their own patients. It is natural that the majority of nurses should have done the easiest possible thing by enrolling on the registry of the home hospital. This is a condition that cannot and need not persist.

If it be true that there is only one nurse to every ten hospital beds in

this country, there are many opportunities. Graduate nurses, generally, do not so consider it. They do not like general or floor duty. Why? Because an astonishing condition has been allowed to develop. Any bedside nursing in hospitals, except special-duty nursing, is looked upon by most graduate nurses as student work. It is as if it were the surroundings of the private patient which exalted the service from student to graduate rank, whereas only a demonstration of skill and fitness should be permitted to do that. Many superintendents of nurses frankly state that they prefer

the organization of schools and comparatively little into the organization of graduate services. The time has come for a radical change in thinking. Nurses must come to respect their own nursing skill just as a surgeon respects his. The surgeon is just as proud of the results of a delicate operation performed on the ward patient as he is of a similar operation performed on the millionaire. Too little is known of the skill of individual



student service to graduate service.

What is the use of graduating nurses if their service is not more skilful, more valuable in every way than that of students?

Why do nurse administrators prefer students to graduates? Because much thought has been put into

More [redacted] 21 %
 Less [redacted] 48 %
 Same [redacted] 31 %

"Is the demand for practical nurses growing more from year to year, or is it falling off, or is it about the same?"

nurses and yet professional appreciation is her just due. Pride in professional results should be encouraged. One nurse should be known as an expert in psychiatry, another in surgery, etc. Happily this is happening in some places.

In one university hospital which prefers to be nameless, there is no lack of applicants for positions on general duty. Only good nurses are acceptable. They have opportunity for study. They know that promotions to headnurseships and other permanent positions are made on merit. There is a waiting list for general duty. This institution has, in essence, adopted the slogan, "Why stop learning?" with highly satisfactory results to nurses and the administration.

A growing number of hospitals are working along similar lines. Very recently, Anna D. Wolf, Director of Nursing at the Albert Billings Memorial Hospital, University of Chicago, was heard to pronounce a veritable

eulogy on the quality of service given by graduate general-duty nurses. Boards of new hospitals are beginning to give exceedingly careful thought to the question, "Shall we have a school for nurses or a graduate service?" A proper balance will be maintained only if the nurses themselves develop real pride in nursing skill—a skill that is founded on knowledge, blended with sympathy, and applied with pride in the power to deal skilfully with problems of prevention and cure.

The figures from the registries are gloomy. They represent only the darkness before the dawn of a professional awakening, a development in nursing which will cause individual nurses to have pride in their skilled ability to apply their knowledge to the prevention and cure of disease; a development which will distribute that skill more justly in relation to the need of patients and to the compensation of nurses. The facts presented by the Grading Committee will cause the profession "furiously to think" and that is as it should be. Some vigorous and fearless facing of facts in a wholly sympathetic coöperative effort to distribute nursing service wisely and well will bring professional health to nurses and better physical and mental health to the public of this country.



Honey Cream

(COD LIVER OIL MIXTURE)

TWO tablespoons cod liver oil, 2 tablespoons honey or Karo syrup, 1 egg yolk, $\frac{1}{4}$ teaspoon vanilla. Mix ingredients and shake well. Start with one-half teaspoon twice a day and increase gradually to one dessert spoon three times a day. Keep cool.

Children who will not take cod liver oil in any other way, enjoy this as if it were a treat.—Dr. J. G. Kramer, in "Feeding the Child from Two to Six," by Mary Frances Hartley Barnes.



The Married Nurse

IT may be that there are some among you who do not look forward to any great number of years in the practice of your profession. It is possible that you have already made plans to enter another training school, that of matrimony. If this be the case, I believe that you will take to the new work a better mental equipment and a wider outlook than does your untrained sister. The trained nurse should make a better wife and a better mother than the average untrained woman. When the right man comes, remember that you need not feel that you are "off with the old love" merely because you are "on with the new" one. The married nurse may never again expect to go into active practice, but one never knows this to a certainty. Recently I had a middle-aged nurse in my office who wanted work. She married comparatively soon after graduation, a matter of 35 years ago. She is now widowed and has several grown children but she does not feel that she need yet be laid upon the shelf. She had never joined her alumnae association, as she felt that she would never need it. She was not, of course, a registered nurse, and she was unable to get on the great lists of the institutions which could have provided her with the kind of work she wanted. This is just one of the small but exceedingly important points for you to bear in mind. Whether or not at this time you expect to engage in the active practice of your profession, encourage all your nursing interests. Subscribe to a good standard nursing journal which will enable you to keep abreast of the times and of improvements and change of methods, and just as soon as you pass your state board examinations join your alumnae and pay your dues as long as you live. The financial investment is small, but the dividends may be life-saving for you.—From an address to the graduating class of the Chester Co. Hospital Training School for Nurses by Dr. Charles F. Naman.

Who's Who in the Nursing World

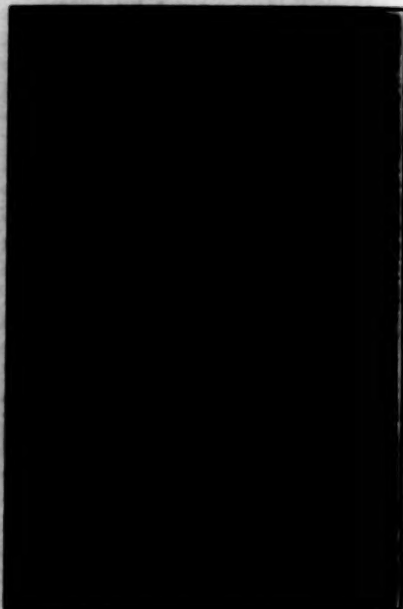
BORN in Wisconsin of Irish-American parentage, Helen W. Kelly is one who has never feared the unknown. With open eyes and clear vision she has "tackled" one difficult piece of work after another and has often seemed to prefer the early difficult days of organization to the more comfortable period of development. She is one of the growing band of nurses who have practiced all three of the major fields of the profession.

It was with a background of normal school preparation and of teaching experience that she entered the Illinois Training School. Then followed three years of private duty nursing and a series of hospital and training-school positions, including Assistant Superintendent of her Alma Mater, Superintendent of Nurses at the California Hospital, Los Angeles, and Principal of the Milwaukee County Training School. She made the first survey of schools of nursing in Wisconsin under the nurse practice act.

Miss Kelly took a course at Teachers College, Columbia University, in those early days when it was still called Hospital Economics. She secured other postgraduate courses at the Chicago School of Civics and Philanthropy, the School of Sociology of Loyola University, and at the University of Chicago.

Her public health work has been as varied as her institutional experience. Among the positions she has held are Superintendent of Field Nurses, Chicago Department of Health; Director of the course in public health nursing, Chicago School of Civics and Philanthropy; Red Cross public health work in Big Bend Desert, Washington. She also organized the school health work in Baker, Oregon.

When she was Registrar of the Wisconsin Nurses' Club and Directory,



LXXXI. HELEN WINIFRED KELLY, R.N.

Milwaukee, Miss Kelly wrote "The Relation of the Private Duty Nurse to the Registry" (*A. J. N.*, September, 1924) which was widely quoted, and she was joint author with the late Mrs. Bradshaw of "School Nursing," a book widely used but now out of print.

Women with such rich endowments as Miss Kelly have much to give our nursing organizations and she has been no niggard. She has held many minor offices and has been president of her Alumnae, of the First District Association of Illinois and of the Wisconsin State Association. She was a delegate to the International Congress of Nurses when it met in Cologne, Germany, in 1912.

Fortunate are the students in Mercy Hospital, Janesville, Wis., where she now is, in having this superintendent of broad experience in all types of nursing.

Editorials

THE BIENNIAL

SEVERAL thousand nurses will attend the biennial in Louisville.

Many of them will savor the fine flavor of Kentucky hospitality for the first time. What a treat is in store for them! Flora E. Keen and her committee have been actively at work on delectable plans for many weeks. Probably no other state in the Union would or could plan a horse race for a nurses' convention, but Kentucky, as famous for its horses as for its hospitality, will so entertain the convention at Churchill Downs on the last day of the Convention. Other plans are for a garden party and for a boat ride on the Ohio River, and those who know that section of the country as it is in June eagerly look forward to these pleasant diversions.

In planning for the convention time, it is wise to allow a margin for sight-seeing. Louisville is in the heart of lovely and historic country. Mammoth Cave, with its many miles of entrancing underground passages, can be visited in a day. Bardstown, shrine of "My Old Kentucky Home," is only thirty-eight miles away. The Lincoln shrine at Hodgenville, the log cabin in which the great Emancipator was born and which is now enclosed in a granite memorial building, is but little farther. Berea College, famous for the originality of its educational work and long a Mecca for educators, is only 120 miles from Louisville. The charming Blue Grass region of the famous state is within easy reach.

But it is not primarily for the delight of visiting Kentucky that nurses will attend the Convention. First and foremost is the program and a worthy one it is, as the sketch of it in our news pages shows. The commit-

tees have been long at work canvassing the country, first for suggestions and then for appropriate speakers. In this they have been notably successful. The reports of work done by various committees, such as those of the League, promise unusual interest. Discussions of the findings of the Grading Committee will doubtless permeate the very atmosphere. The data already available have begun to influence every professional group. It is a time to get in touch with the best thought of the profession on such matters as registries, staff education, and the like.

An exposition, the most ambitious yet planned by the nursing organizations alone, will be an unusual feature this year. Although commercial, it will be thoroughly educational in character. Business houses of the first rank will display supplies of particular interest to nurses. Among these will be books, classroom equipment, hospital equipment, rubber goods, pharmaceuticals and uniforms. Insurance will be featured by standard companies. Berea College will show some of its distinctive products.

All told, the Convention of 1928 promises to be a memorable occasion and nurses will do well to budget time and finances to include it in their summer plans.

THE DEMANDS OF PUBLIC HEALTH

HOW to meet the ever increasing demands made upon nursing organizations for adequately prepared public health nurses is a question constantly confronting those vitally interested in the development of public health. The recent contribution of standards and methods of appraisal for health work, particularly as it

applies to cities of various sizes, provides for large numbers of public health nurses in the promotion of services sponsored by both public health organizations and volunteer agencies.

The trends in school nursing indicate the need for nurses prepared to assume the status of a health teacher for the direction of health education and the supervision of the health of the school child. In addition, many schools are including some phases of preschool child work in their health programs. Because of this emphasis on the educational side of the work, the school authorities are demanding that the nurses they employ qualify as members of the regular teaching staff. Unquestionably, developments in public health demand more nurses and nurses qualified to assume the obligations that must be met.

While the demands for nurses in the cities are being met to a certain extent, the same is not true of our rural communities. Those not vitally connected with this comparatively new field of public health cannot comprehend the needs, the opportunities, or the achievements of the past ten years. The recent census of public health nursing shows that of the 3,045 counties in the United States, 867 are being covered by one or more nurses, while 379 report a Nursing Service for a part of the county only, thus leaving a total of 1,799 without a nursing service of any kind. This, as compared with the situation in 1912 when there was a record of only three rural nursing services, indicates real progress.

The activities of the American Red Cross through its chapters since 1912, but particularly since 1919, the programs of bureaus of child hygiene and public health nursing, of the county health units, and of the tuberculosis

associations, as well as the work of other agencies interested in the health of our rural people, have succeeded in definitely launching this most interesting type of public health nursing. As a result of the excellent work of our group of pioneer county nurses and volunteer health organizations sponsoring the work, there is an ever increasing demand for qualified county public health nurses.

Abbie Roberts, Director of Public Health Nursing, Peabody College, Nashville, Tenn., states, "For every qualified public health nurse we send out from our courses, it is safe to say there are six places." At the University of Minnesota one hears that "All graduates of the five-year course could readily be absorbed by that field." Anna L. Tittman, Vocational Secretary of the Joint Vocational Service, reports urgent need for rural public health nurses in South Dakota, South Carolina, Texas and Maine.

The Midwestern branch office of the American National Red Cross reports many vacancies. Organizations interested in the promotion of rural public health nursing are frequently compelled to spend months or even longer in procuring nurses for their respective states. The problem becomes more acute in states not within easy reach of schools giving courses in public health or where only limited resources for the preparation of nurses are available.

Among the possible contributions to the solution may be enumerated: vocational guidance in schools of nursing, scholarships for postgraduate courses, rural training centers for public health nurses whose experience has been gained in cities, and coöperative efforts resulting in an interchange of nurses from city to country and from country to city.

Obviously the demand must be met and the solution must become the

joint responsibility of schools of nursing, nursing organizations within the states, and groups of lay men and women interested in the development of public health nursing and in its relation to the vast field of public health.

MAY DAY AND THE NURSES

MAY Day—Child Health Day—carries a message to every one, and not least to the nurses of America. It speaks of progress in the field of human endeavor to which a nurse's life is given. Until recent years the attention of those professionally concerned with problems of health was focussed on the cure of disease. Today, doctors, nurses and lay people have caught a new vision of their opportunity. They are still concerned with the sick; they will always be that, but they are concerned, equally, with the so-called well people. Especially are they working to free children from physical handicaps so that when they are grown they may be well equipped for the race of life.

Whether a nurse is engaged in public health work, in hospital attendance, or in private cases, May Day—Child Health Day—is significant for her. She is one of the powerful forces who can carry the ideal of this day into her own work and who can help to spread it in the community where she lives and works.

To think of making every child in America sound in body, mind and spirit is to conceive magnificently. To proceed by little and little to take the concrete steps that will make the ideal a reality is to start something that approaches the infinite. To a nurse, a clinic can, if she wants to look at it that way, be just a clinic. As the great poet Wordsworth points out, the primrose by the river's brim may be just a primrose to uninterested,

unawakened eyes. Or it may be one of the inexplicable beauties of creation. It may speak of a power that man's mind has never fathomed. It may be to her who has eyes to see, one of the myriad, tiny manifestations of infinite forces.

So with the work of the nurse. It is hard, it is time-consuming, it becomes a routine whose first thrill has vanished. To regard it so, however, is to lose perspective. The public health nurse who interests the influential people in her community to support May Day—Child Health Day—is projecting herself far, far into the future. What begins as perhaps a very simple, even superficial observance, is capable of developing into a permanent force. This has happened in hundreds of places in the United States during the last four years. The following account shows what happened in one county in Pennsylvania on May Day, 1927.

Endorsements and cooperation were secured from the County Medical Society and principals of schools. Letters were sent and talks made by doctors, representatives of boards of health, school medical inspectors and ministers to such groups as parochial school teachers, public school teachers, women's clubs, civic clubs, parent-teacher associations, church congregations, County National Safety Council, boards of trade, Rotary, Kiwanis, Lions, Welfare, Quota and other clubs, outlining the plan of procedure, discussing various plans of child health and urging their cooperation in protecting the health of children.

Twenty-one clinic centers were established, four and five clinics being open each day for four weeks. Over nineteen thousand school and pre-school children were protected against diphtheria at this time.

In all such work nurses are essential. It could not be accomplished without them. But their rôle is greater than that. It is not only to do the work but in many cases to interest and turn over the leadership to those in the community who will make such work possible. It is to carry the gospel of

childhood sound in body, mind and spirit; and to back up their teaching and promotion by practical ability.

If the public health nurses are primarily the ones to take an active part in May Day—Child Health Day—programs, nurses in hospitals can find in celebrating the day an inspiration for themselves and an opportunity to teach the ideal of keeping children well, to the patients and to visitors. They can do it unobtrusively but none the less effectually. A little gala festival, some cleverly prepared exhibits, will tell their own story and start people thinking. Nurses on private duty are under the necessity of working with utmost tact but they, too, can cast a tiny pebble in the pool of thought, and even the tiniest pebble makes ripples that widen and widen.

Check up, therefore, and see what you can do to make "better children for our nation; a better nation for our children," as the slogan runs for May Day—Child Health Day—1928.

REGISTRIES UNDER THE MICROSCOPE

IF some illuminating comments on the distribution of nurses are desired, say "Registry" to Janet M. Geister, as she sits at her desk in the office of the American Nurses' Association! Swiftly, analytically and sympathetically she will begin outlining the problem, utilizing the facts unearthed by the Grading Committee.

Efficient service, she will tell you, for nurses and community, demands something more than a place where a nurse registers her qualifications in the hope of employment. The Registry,

in this limited sense, will go, for it is an outworn machine. Registries will develop into Bureaus of Nursing for whole communities if they are alert to the changing scene of private duty.

The Buffalo Registry succinctly described in this issue has caught the vision of the larger service. That of Brooklyn is similarly organized. In Pennsylvania, a movement is on foot to centralise all the registries of one district. In New York City, active lay and professional minds are struggling with the problem of enlarging the scope of registry activities in a constructive fashion. On the Western Coast careful studies are under way and Miss Deans collects data as she goes from city to city and from state to state. Nor is the Middle West unaware of the problem. Chicago, Detroit, Cleveland and the Twin Cities are studying their procedure and their results. The annual report of the First District of Illinois shows that in 1927, the registry filled 6205 more calls than in 1926, but despite this fact the private duty nurses were not busy, the inference being that cases tend to grow shorter and shorter.

Hospitals have pride in the short stay of their patients. Three, even three and one-half patients, per month, per bed, are reported. Do such patients receive the convalescent care they should have? Is this a field we have tended to ignore? Are there other untilled fields for nurses which our registries might be serving? It is a hopeful sign for nurses and patients alike that registries are under the microscope.

What Price Records?

BY ELIZABETH A. GREENER, R.N.

THE number and variety of records, forms, booklets and announcements required today in the average well conducted school of nursing has assumed startling, almost alarming proportions, especially in the case of the school whose troublesome conscience will not allow it (or those responsible for it) to "slumber nor sleep" until all such records are properly completed and filed for each student who graduates. Like the famous Heins pickles, we all seem to have at least fifty-seven varieties and some of us have more.

Up to the present time no especial attention or concern seems to have been accorded this subject, except when one of our number points with pride to some new and particularly intricate record which she has been inspired to evolve for some specific purpose, which we all rush madly to emulate or outdo.

There are few of the older schools of the best type where, at all times, an attempt has not been made, even in the earliest days of nursing, to keep certain indispensable records. Most of the earlier attempts at record-keeping, however, with the exception of admission forms and correspondence, took the form of a more or less elaborate and complicated journal kept by the superintendent of nurses in a conscientious attempt to accumulate historical data to serve as a background for the school as a whole. Such efforts when compared with today's requirements, look like the exhibit of a

kindergarten as compared with a college.

On the other hand, from how many schools of over twenty years' standing have we not heard the sad story of beautiful records, painstakingly kept in the early days of the school, which unfortunately (or shall we say fortunately) were accidentally, but so completely destroyed, that today naught remains but the beautiful legend of former achievement?

Our inspectors of nursing can probably tell us better than can anyone else from how many schools throughout the land the cry has gone up for help when, after the appointment of a new superintendent of nurses, they are told that no school records were to be found that meant anything and that in order even to ascertain the previous nursing and medical experience of students in training, judicious questions had to be put to the student body, framed in such a manner that their real purpose should not be revealed.

As a result of such experiences, and because of the constantly increasing need of accurate information about older graduates, which today superintendents frequently find themselves unable to furnish, we have all gone to work with a right good will to develop a creditable, intelligent and satisfactory set of nursing records, and so hard have we worked and so successful have we been, that we have arrived at a point where many of us are wondering whether at the present time it is

not a case of the tail wagging the dog.

It may be said in justification of the somewhat overwhelming results of our efforts that it is not alone in the school of nursing that this situation has arisen and in which records and record-keeping have developed into a task of appalling magnitude. This same situation in regard to records, forms and statistics has developed throughout the hospital, from its business or administrative sections through medical, surgical, social service, outpatient and every other department. In each department, records and forms have multiplied to such an extent that those most concerned realize that the time has come to call a halt and make a definite study, taking stock as it were, in each department, with a view to curbing all duplication of effort or unnecessary growth, at the same time strengthening and if possible simplifying such records as are of value.

In the earlier days of nursing, one heard many times of patient, heroic superintendents of schools who made a habit of wrapping up record books and examination papers and carrying them along, when leaving to take a hard earned vacation and supposed rest. Much such self-sacrificing effort was taken quite as a matter of course among our pioneers, but a superintendent of today capable of such heroic spirit and action would probably need a salesman's trunk and a truckload of filing cases.

Schools of nursing in which good record-keeping is practiced, are finding themselves struggling to avoid being swamped by this constantly increasing piece of work. Heads of schools absolutely bound down to office chairs through its demands, deprived of the time and opportunity for the study and organization of other equally im-

portant duties, feel that the time has come when this important part of the school program must be given its own distinct corps of workers, in order that it may be dealt with in a practical and rational manner, thus releasing them from clerical work with which they are at present overwhelmed.

In analyzing the subject of records, the following questions naturally present themselves:

1. How and why has the necessity arisen for the great increase in the number of records used today in schools of nursing?
2. What records are absolutely required and how should they be classified?
3. Are the records of today satisfactory or can they be improved?
4. Upon whom should the burden of responsibility for the actual upkeep of routine and individual students' records fall?
5. How much time per student does such work entail?
6. What is the actual cost per student to the school for all records kept?
7. What should be done:
 - (a) With the records of probationers who leave?
 - (b) With the records of students who for any reason do not complete training?
8. Where and how shall such records be filed or stored?

It must be understood that this analysis or study concerns itself only with official records necessary in the conduct of the school, which generally need to be filed and kept as official records. Hospital records, for use by student or graduate nurses in connection with their work, constitute a subject allied but separate in that they do not call for additions to the official force maintained by the school of nursing. Case records will not be dealt with for the same general reason, although in the small hospitals with non-segregated service, case records do add immensely to the clerical work that falls to the lot of the superintendent of nurses, especially in New York State.

Answering the question as to how and why the necessity for the increase both in number and detail of such records arises, it would seem:

1. In order that students may receive recognition and credit for academic and practical experience similar to that granted by and to other educational groups.

2. In order that each nursing school shall be in a position to produce definite records upon which it may fairly base its claim that it is developing and teaching nurses along professional lines.

3. In order that state boards of nursing may have definite knowledge that each approved school is meeting the requirements of the department for its guidance and regulation, thus protecting the student from being exploited by hospitals with insufficient opportunity for experience or because of lack of funds for nursing educational requirements.

4. In order that any student may, when necessary, be furnished with a definite and comprehensive statement or record concerning work taken, so that she may obtain full credit for such work when enrolling for advanced work in colleges or universities, or in other schools of nursing in the case of transfer.

5. In order that the hospital may be in a position to point out to the community supporting it the need of funds with which to maintain its educational department for the training of nurses to meet public demand by having on hand definite and concrete evidence of such educational work.

Record-keeping in schools of nursing has been developed to any great extent only during the past twenty years. It is the result of the efforts of the League of Nursing Education, of State Registration, combined with the activities of State Boards and of the recognition on the part of the best hospitals and schools of nursing, themselves, for the need of some such system.

Good record-keeping is most stimulating to educational development and is absolutely essential for accurate monthly and annual statistical reports or for the purpose of making comparative studies. Probably few schools can show very comprehensive or com-

plete records dating back further than about 1900. Individual educational and service records for students, to be filed with other papers at the end of training, probably date back usually only to about 1910. It would be interesting to ascertain how many schools could produce comprehensive individual service and department records for earlier years.

For the use of the student passing through the average large school of nursing today, approximately thirty forms or records are required, in all, from the day she decides upon entering a nursing career to the one on which she receives her diploma. There are also anywhere from ten to twenty other types of official or permanent records to be maintained if we include those required by state boards of nurse examiners and for the official use of the hospital or school. These may be roughly divided or classified into five groups as follows:

A. Informative and for use in the exchange of the necessary personal information between the student and the school of nursing previous to admission:

1. Reply to request for information.
2. Announcement of the school of nursing.
3. Application form to be filled out by student.
4. Physician's statement concerning applicant.
5. Form for statement from dentist.
6. Educational form to be filled in by school principal, sometimes furnished by school of nursing and sometimes by state board.
7. Reference forms to be sent out by school to names furnished by applicant.
8. Form letter of acceptance.
9. Circular of "information to accepted students."
10. Order blank and envelope for name tapes.
11. Agreement form to be signed by prospective student.
12. Personal interview card.
13. Last notice (giving last directions and confirming date of admission).
14. Official filing envelope for records (on admission).

B. Service, experience, health or other individual records needed during training.

1. Nurse qualifying certificate. (Secured from Albany for New York State students.)
 2. Credential card.
 3. Service and experience record. (Record of medical, nursing and practical experience.)
 4. Department and nursing practice record.
 5. Physical record (record of examinations by school physician and illnesses during training).
 6. Record of classwork. (Kept on summary sheet.)
 7. Record of uniform equipment (amount furnished, dates, etc.).
 8. Requisition slips for new equipment.
 9. Record of textbooks and classroom material furnished.
 10. Small pocket booklets, house rules and customs.
 11. Booklet, "Information for Night Nurses."
 12. Booklet, "Information for Student Nurses in Private Pavilion."
 13. Vacation permits.
 14. Record sent to any affiliated school giving student's standing, etc.
 15. Record and report for affiliated school.
 16. Application for Regents' examinations (furnished by State Board).
 17. Diploma and (frequently) holder for same.
 18. Special form of record for probationers who resign during probation.
 19. Special form of record for student nurses who resign during training.
- C. Permanent or special records or forms used by school and hospital for students.
1. Time slips, daily.
 2. Daily time book (written up each evening for entire school).
 3. Book or file of applications received.
 4. Permanent record of class work and ratings (comparative for classes).
 5. Weekly placement list for superintendents' desk.
 6. Monthly summary record of experience for changes of service (for superintendent.)
 7. Monthly statistical report of school of nursing (superintendent to Board).
 8. Weekly schedule of classes.
 9. Monthly and annual health reports.
 10. Monthly weight report chart.
 11. Cross file record of graduates of school.
 12. Payroll of school.
- D. Special records or forms for use of

Board of Nurse Examiners (usually furnished by them).

E. Special or miscellaneous records.

1. For affiliated students to and from school (three each).
2. For postgraduate students.
3. For nurses' helpers.
4. Innumerable records received from outside sources—averaging at least two daily in larger schools—for highly specialized information about graduates.

Can any of these school or hospital records be simplified or eliminated?

The reply to this question would depend largely on the geographical situation of the school, on the demands of the state board of examiners and on the disposition of those responsible for the management and development of each school to study, analyze and use comparative data. As a whole, while some simplification of certain records undoubtedly could and should be brought about, there are no outstanding examples on the list quoted which the larger or even the smaller schools can well do without.

There is no question that, in the State of New York, the number of records annually required is greatly increased by the requirements of the New York State Board of Regents and yet, except for the greatly increased amount of tedious detail work involved, it must be admitted that such a system, if and where judiciously exercised, tends to rapid and permanent improvement and development in nursing schools.

There is nothing, after all, like frankly facing yourself and your work on paper occasionally, and the control of an educational group such as State Board of Regents cannot fail to be stimulating and helpful in the long run, although unreasonable demands made of an over-worked group of superintendents of schools of nursing cannot fail, likewise, to be irritating and trying, therefore frequently resented.

Thus far in our study we have given consideration only to the actual record, as prepared and ready for use. Time allowance must also be made for the preparation of these, for their ordering, storage and care, also for their revision from time to time. This is especially to be considered in the school announcement and other booklets which should be renewed and brought up to date, changed and improved, at least every three years.

Who shall be responsible for the upkeep of nursing records?

Superintendents of schools of nursing feel, today, that one of their greatest responsibilities and anxieties is that of the satisfactory maintenance of school records. When, in a school of nursing, the thirty records required for each student nurse, plus fifteen for official school files, are multiplied by fifty, one hundred, two hundred, and even three hundred students, we begin to have some idea of the magnitude of the task facing each school. I do not hesitate to maintain that today in a school of two hundred students in New York State, two full-time workers would be kept busy every minute of the time to accomplish this work if the records were kept accurate and up-to-date. In addition to these special workers, much of the time of the superintendent of the school and of the Senior instructor would also necessarily be devoted to such work. Today, under existing conditions in the greater number of schools—the records are sketchy, often inaccurate, and frequently incomplete, the only marvel being that they are even as well kept as we find them to be when we realize that in few schools is there any system whatever in regard to them.

In each school some definite arrangement should be made as to where the responsibility for this work shall be placed. Too often no thought what-

ever is given to this matter by the hospital or school of nursing board, and it automatically becomes just another of those things required of the overworked superintendent who, in many cases, is expected also to do much of the teaching, to be absolutely responsible for all nursing, for all correspondence and office procedure, and also for the housekeeping of the entire hospital. Hospital superintendents demand and receive sufficient clerical assistance to relieve them of routine work of this kind. It is not unreasonable, it is only rational, to expect that the same assistance shall be granted the superintendent of the department of nursing.

What is the cost to the school of nursing of satisfactory, well kept records?

In making a calculation of this kind there are many points to be considered and items included. A few such are enumerated:

1. The cost of preparing and printing the thirty records required for each student.
2. The cost of preparing and printing the permanent school records.
3. The cost of necessary filing cases and other equipment. A safe or fire-proof closet should be available for the most important permanent records which call for filing away for future reference.
4. The salaries or proportion of salaries of those employed in the maintenance of such work.

Under the items of cost for the maintenance of records, one must also not forget to include the rental value of office space. A rough estimate, using a school of one hundred students on which the cost is based, is outlined:

1. Files and office space for workers	\$250 00
2. Special records for each student including all printed matter from announcement to diploma and holder, estimated at \$4.00 each	400 00

3. Special and permanent nursing-school records.....	\$100.00
4. Salary of one full time worker.....	1,200.00
5. Maintenance.....	850.00

Total which necessitates a charge of twenty-eight dollars for each student enrolled ... \$2,800.00

This figure does not take into consideration any part of the time of the superintendent of nurses, of instructors, or others who may and will be called on to assist in such work. Consequently, it has been criticised as being too low and therefore misleading.

Who shall be responsible for the care and preservation of records?

It would almost seem as though this question should never be raised in connection with the subject. All records of the school of nursing should be kept carefully and accurately, and should be properly classified and filed in the office or offices of the school of nursing. Such records should be kept under lock and key and no one but the proper officials should have access to them. It is learned, however, that in certain hospitals it is the quaint custom to keep records of the school of nursing in the main hospital office where they are always inconvenient of access and sometimes entirely inaccessible to the superintendent of nurses in the absence of the hospital head. Such a situation would appear to call for helpful criticism from the state nursing department.

Where and how shall the records of the school of nursing be filed?

From the first installation of records, the ultimate plan for filing should be taken into consideration so that permanent records are organized in sizes which will make it possible to use standard filing envelopes, folders and cases. It is well to study the various types of files before deciding on the type and size of the record to be

used. When an outer heavy manila envelope is to be used for final filing, it is desirable to eliminate all other heavy material and use fairly light paper because of its lesser bulk, and because of the desirability, whenever possible, of having certain parts of each record typewritten which adds greatly to the legibility and general appearance.

Original records should always be preserved, even though their appearance has become somewhat marred, thus eliminating arguments as to mistakes which may possibly have occurred as a result of copying.

In schools numbering over fifty students a system should be devised by which each set of records being maintained shall be conveniently and accessibly placed during the time the student is in training, either alphabetically or by division in files readily accessible to those who must enter weekly, monthly or quarterly ratings on them and yet safe from curious intrusion or possible loss. Only by this method will it be possible to keep these important records up to date and to do rapid work on them. As each section of the school completes its course, the records of that group should be collected from the files, checked, completed and finally allotted their place in the permanent files. Health records and reports should be included.

School records can probably be filed away permanently most conveniently by the year dividing the whole class into its component groups. A card catalogue cross system index should be kept for general convenience keeping names of graduates under years and also alphabetically.

When possible, use fire-proof files and classify all material carefully. While it is a good plan to start a filing envelope for each student as soon as

she is accepted for admission, in which all correspondence, records and references are kept during her training, such a container should be reduced as much as possible for final filing. Application papers should be preserved, also the physician's statement, any important X-ray or health reports, service sheets, experience records, reports of periods of affiliation, two references, a copy of the summary record sent to the State Board at Albany and the nurse qualifying certificate. Also any important reports of special occurrences during training. Every envelope should be inspected, approved and checked by the Superintendent of Nurses or some other responsible official before final filing.

What disposition shall be made of the records of probationers or students who leave the school during training?

Probably it is only recently that any question concerning this matter has come up in the minds of superintendents of nurses. When, however, one finds oneself with a stack of valuable office files so filled, the question must needs arise and in certain schools the bulky manila filing envelopes, application forms, etc., are being eliminated by having the essential data concerning each such case transferred to a simple thin card or folder and the bulky informative material destroyed.

Anyone in doubt regarding the possibility of developing such a system might study the summary forms put out by the New York State Board

which, with certain changes and modifications, might easily be adapted to such a purpose. In schools where filing and office space must be considered and where a worker can be found to care for such work, this system is found to work out most satisfactorily.

It would be an interesting study to select a group of five students applying for admission and to follow them through to the end of their training when they finally pass out of the school bearing diploma and wearing pin, noting in each case the exact length of time that was spent on each in connection with forms, records and other paper work. Even school diplomas must be sent away with a correct type-written list to be embossed and on their return signed by four or five different persons, most of whom have to be cajoled into taking the time to do it. The seal of the school must then be attached to each one, after which it is slipped into its case or holder which also must be stamped with the name and school seal. Detail—endless, all of it, unrealized and unrecognized in most cases except by the person or persons on whom such work falls.

The last and most decorative, as well as the most pleasing school record, is one which it is the usual privilege of the students to furnish in permanent form and which should always be given a prominent and honorable place in the nurses' home. I refer to the class picture.

Health Education in Schools of Nursing¹

BY MARIAN ROTTMAN, R.N.

DURING the past fifteen or twenty years we have heard increasingly such terms as "preventive medicine," "public health," "mental hygiene," and many others which indicate that the welfare and health of the group is the concern of everybody in the community and especially of the medical and nursing professions.

In the past, the attitude of the hospital was such that it concerned itself only with the remedial care of disease, rather than with the idea of prevention and instruction for health promotion. This was especially true of schools of nursing in regard to their own students. If there were a physical examination it was apt to be superficial and unless there were glaring defects or ailments, the student was allowed to enter the school. If she happened to be of a robust type she came through none the worse physically. If there were a lack of resistance on her part, or any obscure defect, she usually had to give up her training after a year or so and seek less strenuous pursuits or, if able to complete her course, she often left the school a physical wreck or at least much below par.

Today, with the advance of public health, there is a growing tendency on the part of individuals, and communities as well, to maintain certain health standards, or in other words, there is a growing health consciousness.

Schools of nursing are producing some of the most important health workers, consequently a responsibility toward health education is laid upon

the school. Schools here and there are meeting this responsibility by including in their curricula a practical health program.

For this reason every school of nursing should maintain a service, the function of which is health education. By this I do not mean to dwell constantly on the physical aspects of health but to help the students acquire knowledge essential to health, to give the opportunity to develop certain habits that will promote bodily function and to develop proper mental attitudes towards themselves, their work and their environment. Such a program cannot but develop an individual in physical well-being, mental happiness and social consciousness. Such all-round development "renders the individual fit to live most and serve best."

About two years ago a health service was established in the Bellevue School of Nursing. We have worked with this all-round development constantly in mind and we are just beginning to see some results for our efforts.

One of the essentials in establishing such a health program is the proper mental attitude of the students themselves. Their cooperation is essential and it can be secured if they understand the purpose of the program and what is expected of them. Williams says that "health is not only physical, but mental and social as well" and if these three aspects enter into the program, there is no lack of cooperation on the part of the students.

We believe one of the important phases of the project is for students to understand that days lost through reporting at the Health Service are not

¹ Read at the annual meeting of the New York State League of Nursing Education, Rochester, N. Y., October, 1927.

counted against them, excepting when it is of too frequent occurrence or prolonged. Our slogan is "Report early and avoid illness." Often a few days off duty mean a saving of weeks to the individual and to her co-workers as well.

The Health Service of the Bellevue School of Nursing is a department in itself and has its own personnel. There is a graduate nurse in charge. A physician retained by the school for the students, makes daily calls at the Health Service office for consultation and also visits the infirmary where sick students are cared for. The infirmary is quite apart from the Health Service and is located on the sixth floor of the Nurses' Home. The staff here comprises three graduate nurses.

Acting as assistant to the physician is a woman Senior medical student who lives in the Nurses' Home. A physical education instructor examines all students for posture and follows with corrective exercises, where indicated.

The health program has been developed along the lines of health instruction, health supervision and health service. The instruction is carried on by the graduate nurse who has had advanced preparation along public health and social service lines.¹ She meets all beginning students in class where a course in personal hygiene is given. The essential purpose of this course is to teach the student to live wholesomely. Campaigns are conducted and exhibitions held, all of which emphasize important phases of the work in the classroom. Visits are made to a health demonstration center where certain phases of health education are demonstrated. Advanced



DIAGRAM 1

Leading causes of illness among Bellevue nurses, 1927

students meet this same instructor in their course in municipal hygiene and sanitation.

Instructions in corrective exercises are given as recommended for posture. The physical education director gives this instruction as well as instruction in swimming, rhythmic dancing, folk dancing, and clogging. In season, lawn tennis and volley ball are very popular.

Health supervision is the duty of the graduate nurse in charge of the service. Within a month after entrance to the School, every beginning student should have had a complete and detailed health examination. Where there are minor defects to be corrected, a card with recommendations is given to the student and a record is kept by the Health Service office. Arrangements are made for the correction of these defects. Tonils and adenoids are removed, defective vision is corrected by glasses, weak arches are exercised, under-weight students are put on special diet, while the over-weight student is given exercises as well as diet. The adviser for the Health Service has consultation hours daily, and steadily the number of students coming to her is increasing. Likewise, there is a larger number of defects being corrected. This indicates the growing popularity of the Health Service and the students' confidence in it.

¹ The diagrams accompanying the article are from the annual report of Geraldine Hiller, R.N., the Health Director.

In September, the Health Service began the publication of a bulletin called "Life Lines." It serves to put the program of the department over to the students of the School, and stimulates competition between classes in the various events conducted by the

maintained a social director. Her function has been to assist the students in carrying out their social program. The students prefer to initiate most of their social affairs themselves but are always glad of the help given by the Social Director. The social program consists of class parties, inter-class affairs, theatre parties, entertainments and teas. Tea is a daily function and is usually presided over by the social director. The daily attendance averages 200.

I know the question arising in your minds is, "When do they get time for all these activities?" Because if this is to be added to an already heavy day, little benefit could be derived from it.

The hours of duty are eight by day and ten by night. Some of the class work comes on the students' time and some on hospital time. On some of our hospital services most of the instruction is in the form of ward teaching. It is planned and arranged for and we consider it one of our most valuable methods of teaching. There are no evening classes or lectures.

We feel that we are beginning to see results from the work of the Health Service. I am presenting statistics from the Service to show that a comparison drawn between the Bellevue students and the affiliating students might indicate some of the benefits derived from the service.

The average number of Bellevue students in the school for the months

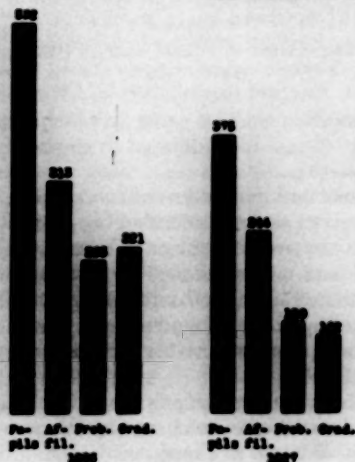


DIAGRAM II

Bellevue nurses off duty each year because of illness

physical director. An Athletic Association has been organized and a point system has been adopted. Any student making 1,000 points will be awarded the Bellevue monogram. A silver cup has been given to the school as a trophy to the team winning the highest place in swimming.

For several years the School has

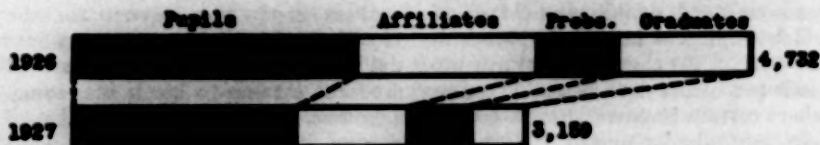


DIAGRAM III

Days lost by Bellevue nurses because of illness. (Emphasis on health in 1927 saved 1,573 days)

of July, August, and September was 200 and of affiliating students, 90.

The total number of Bellevue students off duty during this period was 54, as against 81 affiliating. Included in the 54 were 23 students who had tonsillectomies, which it is fair to deduct, making the comparison 31 to 81, or 1 $\frac{1}{4}$ per cent as against 8 per cent; in actual days lost to the nursing service, 66 as against 88.

This we think shows clearly that health instruction is responsible for the difference in the two groups. One

of our problems is getting the affiliating student to coöperate in the health work. She learns what we expect of her about the time she has completed her course with us.

Believing that there is no more important part in a nursing school program than the health of its students, not only the physical but the mental and spiritual as well, our efforts are toward creating not a theoretical health program but one which enters vitally into the every-day life of the group.

Questions

13. Should student nurses be permitted to wear white uniforms?

Answer.—One of the most cherished traditions of the nursing profession is the association of the white uniform with the graduate nurse. The change from color to white is looked upon as symbolic; color whether blue, pink, gray or green, signifying the pupil, while the hard-won pinnacle of graduation is marked by the donning of the white uniform. So firmly fixed in the minds of nurses is this tradition that schools (only a few have considered it) which have adopted the white uniform for student nurses have been under very serious suspicion. The accusation, whether spoken or mental, is, "They must be trying to mislead patients as to the status of the students." It is a matter for exceedingly thoughtful consideration. The reason for the adoption of white uniforms is usually that it simplifies laundry problems, but no school of nursing can afford to place itself in the shadow of such a cloud of suspicion. Uniforms serve a double purpose. They are efficient by reason of

their very uniformity. They are also a marvellous factor in maintaining morale. The white uniform exemplifies a much coveted status in the ranks of nurses. Why tear down a tradition held dear by thousands of nurses and suffer a resultant loss of morale?

14. How may a nurse retain her membership in the American Nurses' Association when she is attached to any of the Government nursing services or is a missionary in a foreign country?

Answer.—Such nurses may retain their membership by paying active membership dues to their alumnae associations; these will pay her per capita dues for her as if she were residing in the same place as her alumnae association.

Nurses permanently located in Washington, D. C., in the Government nursing services are not included in this ruling. They become individual members of the Graduate Nurses' Association of the District of Columbia.

Our Contributors

Thew Wright, M.D., F.A.C.S., is President of the Board of the Registry which he describes. He is the second medical incumbent of the office and Buffalo nurses feel that they have been most fortunate in securing such notable medical cooperation.

The article on Hypertension by Drs. Numan and Evans came from the Potter Metabolic Clinic, Santa Barbara, Calif. That statement alone is proof of its quality!

Bertha M. Wood makes plain the way for the nurse who must properly nourish a hypertension patient.

Louise Croft Boyd, M.A., R.N., is well known as an instructor of nurses, but this is the first time we have seen a story from her pen.

Alice Stratton, R.N., gave up a position as Assistant Instructor in the Biology Laboratory, Bryn Mawr College, to enter training. She acquired some of her knowledge of procedure or precedent books while teaching in the schools of St. Luke's Hospital, New Bedford, Mass., the Presbyterian Hospital, Pittsburgh, Pa., and the Children's Hospital, Denver, Colo.

The technician at Children's Mercy Hospital, Kansas City, who described the X-ray treatment of enlarged thymus, was too modest to sign her article, for which we are indebted to Louise P. Yale, the Superintendent.

We asked Grace Ross, R.N., Superintendent of Nurses, Department of Health, Detroit, if she would secure for the *Journal* an article on municipal nursing. In characteristically democratic fashion Miss Ross invited her staff to prepare articles. Sixteen were written; four were selected to be sent to the editor. The editor, in turn, conferred with the National Organization for Public Health Nursing. We leave it to our readers to guess who really wrote the article presented.

We are happy to have the address given by Dame Rachel Crowley at the Interim Conference of the I. C. N. last summer. She has saved busy folk hours of reading by packing so much valuable information into a very few pages.

We rarely publish verse, "free" or otherwise, but the appeal of "My Part" by Mrs. Louise P. Nelson, R.N., was irresistible. Mrs. Nelson recently gave up the position of Assistant Superintendent of Nurses at the Freedmen's Hospital, Washington, D. C.

With characteristic generosity, Dr. Lockwood put his highly skilled services at the disposal of Dr. Greenfall in Labrador last summer and performed the operation he describes in this issue and in which he is one of the country's experts, on suitable patients.

Mary Elma Thompson, R.N., is Superintendent of the Methodist Episcopal Hospital of Princeton, Ind.

Nebraska nurses liked a paper Dr. Wesson read at a State meeting on "How To Apply for a Position." If they found his ideas useful, others may too.

May R. Mayers, M.A., M.D., is on the staff of the Bureau of Industrial Hygiene in the New York State Department of Labor.

The article on the wise use of leisure, or "Off Duty and Its Uses" had been gestating in the fertile mind of Charlotte James Garrison, R.N., for some time before she found leisure in which to write it. She uses leisure wisely herself, we know, for she called on the editor once upon a time at the end of a journey to South America.

The Gillette Children's Hospital, St. Paul, Minn., as we have said before, is a friendly place. It is also highly efficient. Margaret McGregor, R.N., who describes the plaster cast in use there, is Superintendent of Nurses.

Even busy women like Elizabeth A. Groener, R.N., who is Superintendent of Nurses at Mt. Sinai Hospital, New York, can be persuaded to write articles for the *Journal* if an editor possesses patience. "What Price Records" was worth waiting for.

Only a few schools have yet installed a "health nurse" like Geraldine Hiller, R.N., and have built up a comprehensive health program such as is described by Marion Rotman, B.S., R.N., Superintendent of Nurses at Bellevue and Allied Hospitals. It is, however, quite safe to predict that many will "follow suit."

We are indebted to Mrs. Elizabeth H. Vaughan, R.N., Assistant National Director, Nursing Service, Midwestern Branch of the American Red Cross, for the editorial on "The Demands of Public Health." It is obvious that she speaks with authority. We are likewise indebted to Grace Turner, Staff Associate of the American Child Health Association for "May Day and the Nurses."

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

RESULTS OF DELANO RECRUITING WEEK

LOCAL Committees on Red Cross Nursing Service from all parts of the United States entering into the spirit of the plan to memorialize the life and service of Jane A. Delano have sent interesting reports of accomplishment. This movement to interest the Senior classes in schools of nursing, as well as graduates, in enrollment, gathering momentum as it proceeded, culminated universally on March 12, the anniversary of Miss Delano's birthday, in special observances of varied nature.

It seems most fitting that the tenth year following the Armistice should be characterized wherever possible in some special manner. What could be more suitable than these particular demonstrations? National Red Cross Headquarters had been kept very busy for days preceding the 12th sending out publicity material, posters, suggestions for speeches, photographs of Miss Delano, etc. Letters fluttered in, in great numbers, asking advice upon arrangement of programs and special features such as pageants and tableaux.

One of the most beautiful and interesting observances was that arranged in Washington, D. C., paralleled, however, in many other large centers, where the Local Committee of which Mrs. Annie S. Humphrey is chairman, assisted by a strong committee upon which the Government Nursing Service, Red Cross Chapter, nursing associations and others served. A processional, colorful and dignified, of about nine hundred nurses, students in their school uniforms, graduates in

white, Red Cross nurses wearing the historic crimson-lined cape, as well as others in the field uniform, the Army and Navy in their special uniforms, the Legion Post with their beautiful colors, to dignified music by the Army Band, filed slowly into the splendid auditorium of the Central High School. Judge John Barton Payne, Chairman Central Committee, American Red Cross, presided. General Summerall, Chief of Staff, U. S. Army, the principal speaker, chose for his address "Leadership."

The most interesting feature was the Senior Class Prize Essay Contest. Twelve schools competed. The Providence Hospital School of Nursing won and was awarded a beautiful Red Cross emblem in silk, with heavy gold fringe, on an eagle-tipped staff, which was given and presented by Mabel Boardman. If held for three successive years, it finally becomes the property of the school.

The school sending in the largest proportion of applications for enrollment from the Senior Class was awarded an appointment card and badge by Clara D. Noyes, to be held by the school until the individual members complete their papers and are accepted into the enrollment.

Inspirational hymns "America the Beautiful," "The Son of God Goes Forth to War" (Florence Nightingale's favorite) and "Onward, Christian Soldiers" as a Recessional, sung with great spirit by the nurses, added to the solemnity of the occasion.

Among other places observing the day in the Eastern territory of the American Red Cross, mention is made of Philadelphia, Harrisburg, and Erie,

Pennsylvania; Hartford and New London, Connecticut; Albany, Brooklyn and New York City, New York; St. Louis, Missouri; Cleveland, Canton, Springfield and Columbus, Ohio; Richmond, Virginia; Miami, Florida; Atlanta, Georgia; Boston and Fall River, Massachusetts; Orange, New Jersey; Canal Zone; Evansville, Indiana; Providence, Rhode Island, and many other points. From the Midwestern and Pacific Branch offices, preliminary reports of similar affairs have been received.

One who thinks cannot see these demonstrations without raising some questions and drawing some conclusions. Is anything gained beyond a stimulation of interest in the great Red Cross organization and its activities and an increase in applications for enrollment in its Nursing Service? Unquestionably, yes! Does it not first of all bring the students of different schools into competition and contact before graduation, thus arousing a friendly spirit of emulation and professional interest?

Nursing as a desirable profession to follow is also brought to the attention of hundreds of young women of the community. High and private schools' Senior classes have been invited to attend. The public is also given an opportunity to see nurses from a new angle and to adjust impressions from an individual conception to a group or massed ones and through this visualization a new idea of the relation of nurses to society at large may be gained.

All this is good for the student and the school of nursing, the nursing profession and the public. It is also good for the American Red Cross, which without an active enrollment of nurses would not be able adequately to serve the public in time of calamity and distress.

TRAINING IN TEACHING METHODS OFFERED IN TWO COLLEGES OF GRADUATE NURSES

(In cooperation with the
American National Red Cross)

SIX weeks' college training in methods of teaching will again be available to graduate nurses in summer courses at Pennsylvania State College, starting July 2, and at the Colorado Agricultural College, Fort Collins, beginning July 20.

After four years' demonstration by the American Red Cross of the value of these courses to nurses who wish to prepare for teaching, these two institutions have now absorbed the administrative costs, hitherto borne by the Red Cross, but the courses remain under Red Cross supervision.

Graduate nurses, enrolled in Red Cross, or those eligible for enrollment, may make application to Mrs. Isabelle W. Baker, National Director, Instruction in Home Hygiene and Care of the Sick, American Red Cross, Washington, D. C. The training in teaching methods has proved especially valuable to nurses who wish to conduct Home Hygiene Classes in public and private schools, and to nurses employed by an organization, business firm or industry.

Tuition fees for the program are from \$20 to \$30, and the cost of living at either college ranges from \$60 to \$75 for the six weeks' period. Recreational features have been arranged with considerable care by both schools, not only with a view to adding to the pleasure of the individual, but to supplying some of the elements of a vacation while the course is being pursued.

A fund for scholarship loans and grants is administered by the American Red Cross for eligible students. Information about the fund may be obtained from National Headquarters

of the American Red Cross or Branch Offices.

ENROLLMENTS ANNULLED

THE enrollment of the following American Red Cross Nurses has been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters, and their return is requested when enrollment is annulled: Liothema Anderson; Mrs. Howard Abel, *née* Winnie George Ford; Mrs. Vernon G. Alderson, *née* Pamilla Allerton Peck; Pearl Lusk Allen; Sara E. Barkley; Mrs. Irene Virginia Beach, *née* Johnson; Mrs. L. W. Beebe, *née* Gladys May Beebe; Mrs. A. H. Briz, *née* Lillian S. Gustafson; Almeda Ruth Burkland; Mrs. J. H. Cargill, *née* Emma Galaher; Emilia Teendale Davis; Grace D. Donnell; Juliette B. Donner; Mrs. Calvert Lewis Estill, *née* Robbie Lee Bennett; Mary Myrtle Fisher; Letitia Hanna Fonseca; Viola Frederick; Mrs. H. E. Garmon, *née* Mabel M. Morlock; Ella Laura Geer; Mrs. Glee Bowen Givan; Mrs. William F. Gordon, *née* Hallie Mae Brunson; and Nellie B. Grimes.



A Pension Scheme for English Nurses

THE *Nursing Times* (London) for January 7, announced that a "Federated Superannuation Scheme for Nurses and Hospital Officers (Contributory)" went into force on January 1 in 99 hospitals. These hospitals represent a total of 12,533 beds.

Sir Edward Panton, Chairman of the Provisional Council which got the Scheme under way, addressed a meeting of the Aluminae Association at the Post Graduate Hospital, New York, during a recent visit to this country. He gave great credit to the College of Nursing, Ltd., for the courageous way in which nurses were working on the plan.

The following excerpts are from an address by Sir Edward Panton before the British Hospital Conference, in 1927.

"The Scheme has for its object the provision of superannuation benefits for nurses (whether in Hospital or private nursing service) and all salaried members of the administrative, clerical or dispensing staffs of Voluntary Hospitals who come within the stated range of remuneration. . . .

"The principles of the Scheme are similar to those of the Federated Superannuation Scheme

for Universities, which has already been in successful operation for a number of years. . . .

"The essential features of the proposals may be stated thus:

(a) Instead of setting up a mutual fund with the attendant risk of investment losses, benefits will be provided by means of policies taken out for each individual member with any one of a number of well known insurance companies.

(b) Migration to any other hospital (that has joined the Scheme) or to private nursing service will be possible without any disturbance of the member's superannuation arrangements.

"Annual contributions of 15 per cent of each employee's salary and emoluments will be made by the employee and the hospital concerned, 10 per cent being provided by the latter and 5 per cent by the former. These contributions will be used to pay the premiums on the policies taken out with the insurance companies.

"The emoluments mentioned above are the estimated value of board, lodging, etc., provided by the hospital, and will be reckoned at various annual amounts ranging from £50 per annum in the case of junior nurses, to £150 per annum for matrons. The principal forms of benefits will be as follows:

(a) An annuity (or cash option) payable at the pensionable age with the return of all premiums paid in the event of previous death or retiral.

(b) An annuity payable at the pensionable age, but with no return in the event of earlier death.

(c) An endowment policy, either with or without profits, providing benefits of a lump sum at either the pensionable age or earlier death. If retiral takes place before pensionable age, the surrender value of the policy would be returnable (provided that a minimum period of service had been completed).

"The actual rate of contributions necessary to provide adequate benefits has very carefully been considered by the consulting actuary to the Scheme, and it is his opinion that no smaller amount will suffice.

"For the purpose of the Scheme the retiral age is fixed at 60 in the case of male officers, and 55 in the case of Nurses.

"The cost of the Scheme is dependent entirely upon the salaries and emoluments paid to employees, and could readily be calculated from any return, giving this information, which might be available. . . .

"It should be noted that only employees coming into the hospital's service after the inception of the Scheme will compulsorily become members. . . .

"The examples are taken from the tables circulated with the Draft Scheme Memorandum but all the money figures given below are inserted by way of illustration only. Obviously, they will vary according to the salaries paid and the periods during which they are paid, and they will be further varied when the new quotations from the Insurance Companies are applied.

- (a) A profit Endowment assurance.
- (b) A Deferred Annuity.
- (c) A Deferred Annuity without return of premiums. . . .

"As the Scheme applies to all hospitals that become members, any officer or nurse is able to join the service of any other participating Hospital without in any way affecting the benefits to which he or she would be entitled, and without incurring any loss in respect of the contributions he or she has already made. This, of course, is one of the most valuable features of the Scheme. Even in the case of nurses who decide to go into private practice, it is contemplated that their payments will be continued, although a flat rate premium, paid partly by the nurse and partly by her employer (by suitable increase of fees), would be substituted for the percentage deduction from her salary.

"In the case of migration, the hospital in whose service the member is on retiring will have the benefit of all contributions which have been paid by the officer's or nurse's previous employers, with the result that the provision to be made in order to give an adequate pension to an officer or nurse who on retirement, had only been in the service of his then employer for a comparatively few years, will be greatly reduced.

"Members who abandon the service at a very early stage of their career, lose the benefit of all contributions except those actually deducted from their salaries. But, if they abandon the service after having been in it for 10 years in the case of officers, and for 5 years from the completion of training in the case of nurses, they receive the benefit of the contributions made by them and in respect of them.

"Of course, the Scheme will not be fully applicable to employees already of some years' standing. In the case of nurses or officers of,

say, 15 years' standing, contributions will be made by them and in respect of them; but, inasmuch as the period of contribution will be, from, say, the age of 35 to 55 or 60, instead of from, say, the age of 20 to 55 or 60, the benefits will be greatly reduced. In such cases, it is hoped that the hospital may be able to make some outside contributions which will help to make up the deficiency.

"As regards salaried officers, one of the chief advantages of the Scheme is that a hospital will no longer be obliged, as it often is, to keep an officer on after he is too old for his work; and will be able to appoint a man who has hospital experience, without incurring, as it does now, the pension liability for all his past services."

In a recent address before representatives of the hospitals participating in the United Hospital Fund in New York, Sir Edward said, "During the initial stages of the plan, the nurse in private practice may have to make some sacrifice to keep her policy alive. Though private nursing fees vary, a flat rate of subscription, as opposed to the rising scale of the hospital, had to be adopted. . . . This might have to be found by the nurse herself but it was hoped that the public would support its expressed sympathy for the nursing profession by submitting to an increased nursing fee."



Too Late for Classification

KANSAS: THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for state registration, in the State House, Topeka, May 22-24.

MAINE: THE STATE OF MAINE BOARD OF REGISTRATION AND EXAMINATION OF NURSES will hold an examination for applicants for registration the third Wednesday in April, beginning at 9 a. m. at the State House, Augusta. Applications should be filed with the secretary, Mrs. Theresa R. Anderson, Box 335, Bangor, fifteen days previous to date of examination. No applications received after that time will be approved by the Board for the April meeting.

MARYLAND: THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for State Registration, May 16, 17, 18. All applications must be filed not later than April 30 with the Secretary, Mary Cary Packard, 1211 Cathedral St., Baltimore.

Student Nurses' Page

The Nursing Care of Plastic Patients

BY EVA V. ELSEY

Kahler School of Nursing, Rochester, Minnesota

IN a day when the powder jar, the rouge box and no end of other necessities adorn the dressing table of almost every girl, the care of plastic patients should be particularly interesting. The past ten years have witnessed tremendous developments in the field; nursing must keep in step.

The aim of the nurse must necessarily be to supplement the work of the surgeon so that the end result will be satisfactory; not alone from the standpoint of the patient, but from the scientific standpoint of the medical profession.

There is a large variety of anomalies which the surgeon aims either to correct or to improve. Beyond the disfiguring effect of many of these, the surgeon goes to the more serious developments which may follow and hinder the patient from taking his place in the social group.

Hare lip is a congenital abnormality frequently seen. Not only does it mar the appearance of the child but with the cleft palate which so often is associated with it, seriously interferes with his nutrition because of the difficulty in nursing. It is therefore important that hare lips be repaired as early as the surgeon considers wise, the age varying with the size of the child and his general health, from six or seven weeks to six months.

The post-operative care of a hare-lip patient consists in maintaining the general hygiene of the patient and carefully guarding against injury or

infection of the lip. To thus guard infants, stiff cardboard cuffs are made, arm length, and while they do not hinder the freedom of the child's activities, they do prevent his reaching his mouth with hands or toys. The lip is kept dry at all times. Feeding is done in such a way as to avoid wetting the suture line. For very small babies, a medicine dropper protected with a catheter or Rehfuess tube tip is used. Older children may be fed with a funnel and catheter or a small syringe. The lip may be cleansed quite effectually with hydrogen peroxide and wiped dry with sterile sponge or applicator. Any crusts which may form should be softened with sterile vaseline and carefully wiped off.

Adults are treated in much the same manner, warning them not to touch the scar and to avoid drinking, except through a tube. A convenient device for such feeding is a cup-size enamel teapot with six or eight inches of rubber tubing attached to the spout. This must be carefully washed and boiled after each use.

The same care is given in the treatment of patients who have had plastic work done to excise the scar from previous unsuccessful hare-lip operations and, in general, all other lip cases.

In addition to this general care when patients have had cautery excision of chronic ulcers from the lip, the lip is kept well lubricated with sterile vaseline. A dressing is seldom used but when one is necessary, a small

strip of iodoform gauze is useful both as an aid to healing and as a deodorant. If diathermy has been used, the nurse must watch closely for bleeding. Bleeding need not be expected until a week after the operation, the vessels having been well seared in the treatment. At the end of a week or ten days' time, the burnt area will slough off and blood vessels may be exposed and cause active bleeding. Aside from the possible seriousness of such hemorrhage, it is always alarming to the patient and the nurse must reassure him. In any case of bleeding following diathermy or cautery the physician should be notified. Meanwhile the patient must be kept quiet. If the hemorrhage is external, pressure through a sterile dressing may be applied. Morphine may also be given, but not without previous order by the doctor in charge.

Because so many who have hare lip also have a cleft palate, something may be said of their care. Most surgeons do not close the palate before the end of the child's first year. About this time the child is beginning to talk and faulty speech habits which are almost inevitable in children having cleft palates, are extremely difficult to overcome.

The care of these children is largely a nutritional problem. Milk is still the basis of the child's diet at the age of a year, but other foods must be included to keep up his development. Two important principles are to be remembered in addition to supplying the caloric requirement of the patient in well balanced form. First—all food and utensils must be scrupulously clean. Secondly—all cereals, fruit juices, soups and vegetable purees must be thoroughly strained and thin enough to pour. The reasons for these rules are evident. They are, first, to prevent infection as far as pos-

sible, bearing in mind that the mouth is an infected cavity at best, and second, to avoid the collection and consequent disintegration of food particles in the wound or in the packing. These patients are kept on a liquid diet for three or four weeks, gradually going to a soft, semi-solid and finally to a general diet.

The child is fed lying flat on his back. He is not allowed to drink from a cup, since he is likely in so doing to displace by slight suction, any packing which may have been placed in the wound, or stitches might be loosened.

In the repair of cleft palates of adults, colonic ether is being used rather frequently. Obviously, from the surgeon's standpoint it is quite ideal. More than ordinary care is needed in watching these patients as they awaken from the anesthetic. There is a strong tendency for the tongue to drop back into the pharynx. One may have a towel for grasping the patient's tongue and pulling it forward. The jaw should be held forward, pressing with the thumb either under the hollow of the chin or with both hands at the back of the jaw. It may be necessary to continue thus holding the jaw for a considerable length of time, even an hour or longer, as the relaxation is quite prolonged. There is less than the ordinary nausea accompanying drop ether in most cases. Cleft palate patients must always be closely observed for secondary bleeding.

Adults having had cleft palate closure are kept in bed from a week to ten days. They receive a liquid diet and are given hot alkaline mouth wash after the second or third day until they are dismissed from the hospital.

Has it ever occurred to you that you have a good looking nose? Perhaps not, yet I am sure there are many

worse than mine which I never really admired, and one cannot wonder at all that some folks wish to have theirs made over.

Refracturing and setting broken noses or the removal of nasal humps, calls for careful application and observation of pressure apparatus. The first is strictly the work of the surgeon but the nurse may assist in the latter. Too much pressure or pressure for too long a period may cause much trouble. Change of color of the part of the nose exposed or undue complaint of pain, pressure or lack of sensation in the part should be reported. In our department here, the beds of these patients are marked with a red card bearing the word "Pressure" and the physician in charge removes the dressing and inspects the nose every twelve hours, or oftener if indicated, and notes the condition.

Skin grafting covers a very large field and each individual case presents its own problems. Certain rules apply, however, to all of them. The part to which a skin graft is being applied, and that from which the graft is taken, must be demobilized for a week or ten days. This also applies to wide excision of scars, such as result from scalds, radium or many other causes. If such a scar is removed from the neck, the patient's head is not turned to either side and is held in place by sand bags.

Suture lines must always be kept dry and clean. Here again peroxide proves useful. If warm moist dressings are ordered, they must never be more than warm. Grafted tissue is extremely susceptible to injury until the circulation is well established. These patients must be protected from the curiosity of disinterested but inquisitive visitors and children.

Because of the very long hospitalization of many skin graft patients, some occupation should be provided. Basket weaving, knitting, wood or leather craft or one of many other things may be done, not alone to help shorten the time for the patient, but also as a means of supplying additional funds. The assistance of a trained librarian is most helpful, since reading takes the patient out of his world of uncertainty and discomfort into a world of adventure, or travel or almost any realm he may choose.

The thoughtfulness and cheer which every nurse should practice are a very real part of the treatment of the patient in the department of plastic surgery. "Radiate cheer" should be the slogan of each nurse and back to her will be reflected cheer from the perhaps a trifle crooked nose or the tiny bit one-sided mouth. Perhaps we can develop a "smile wrinkle" where the scar was excised. Always there is a bright lining to the cloud and the one who helps her patient to see it, will in turn catch a brighter perspective of her work and of life.



Vacation Opportunities

THE Joint Vocational Service, 130 East 22nd St., New York, at this season is very active in securing vacation opportunities for nurses and in securing properly qualified nurses for summer camps, vacation and convalescent homes, and for substitute positions in various types of community service.

School nurses who are not utilizing the summer months for postgraduate work will doubtless be interested, although the opportunities are by no means limited to this group. These positions all demand sound professional preparation and adaptability. For example, a camp is no place for the nurse who insists on wearing white uniforms from shore to cap under any and all conditions.

Tuberculosis Books for Nurses

A BRIEF list of books selected jointly by the National Organization for Public Health Nursing and the National Tuberculosis Association for the personal library of the public health nurse.

BROWN, LAWRENCE, M.D. Rules for Recovery from Pulmonary Tuberculosis. Lea & Febiger, 1928. 217 pages. \$1.50.

This little book now in the fourth edition has been written to help patients avoid blunders which are easily made. It is written by one so well known that it should be of equal value to physicians and nurses.

KRAUSE, ALLEN K., M.D. Environment and Resistance in Tuberculosis. Williams & Wilkins Co., 1923. 137 pages. \$1.50.

Written from the varied experiences of the author, this stimulating book deals in a scientific and at the same time understandable way with two of the most perplexing problems of tuberculosis.

OTIS, EDWARD O., M.D. Tuberculosis, Its Cause, Cure and Prevention. Thomas Y. Crowell, 1918. 328 pages. \$2.

A standard treatise primarily for laymen, but one that any nurse may well have for reference.

TRUDEAU, EDWARD L., M.D. An Autobiography. Doubleday, Page Co., 1915. 322 pages. \$4.

Dr. Trudeau wove into this book in simple, direct and fascinating style all of the essential incidents and experiences of his life. It is at once a history of and an inspiration to great achievement. Everyone interested in any way in the tuberculosis campaign should include this book in his library.

MYERS, J. A., M.D. The Care of Tuberculosis. W. B. Saunders Company, 1924. 280 pages. \$2.

A helpful textbook for nurses and lay workers, which every public health nurse should have for ready reference.

WILLIAMS, LINDLEY R., M.D. Tuberculosis, Nature, Treatment and Prevention. Funk & Wagnalls Co., 1924. 79 pages. 30 cents.

This is the only volume in the National Health Series dealing with tuberculosis. It is a comprehensive treatise on the subject highly suitable for distribution to tuberculosis patients, to members of boards of directors, to interested contributors and to others who

wish to know more about tuberculosis. The author is the Managing Director of the National Tuberculosis Association.

PORTA, JOHN, M.D. Getting Well and Staying Well (Tuberculosis). C. V. Mosby Co., 1927. 180 pages. \$1.50.

For tuberculosis patients, public health nurses, and physicians. Answers the numberless questions that come into the minds of the patients, their families and physicians.

McLEAN, McDUGGALL, M.D. Tuberculosis, A Primer and Philosophy. Journal of the Outdoor Life, 1923. 163 pages. \$1.

A message of hope to tuberculosis patients and their families. A textbook on infection, prevention and the various kinds of treatment, written by a physician patient. The subject is dealt with scientifically but from a popular standpoint in a winning and forceful manner.



The Michigan Nurse

THE Michigan nurse in February launched one of the handsomest state bulletins we have yet seen. Grace Ham, in the President's foreword, says, "We now have an opportunity to learn the accomplishments and ambitions of every district." State bulletins are not published merely because, as Agnes Roppler says, "The desire to publish a magazine is inherent in the human heart, particularly the American heart, where it burns like a steady flame!" They are published with the definite, practical purpose of discussing the more intimate professional problems of the group in a way not possible in a magazine of national scope. Major contributions to the science, the spirit, the art of nursing should appear in the national magazine that all the world may share.

The *Journal*, over a period of years, has consistently supported the movement toward the development of state bulletins. They offer a splendid medium for promoting understanding. One important fact must be constantly kept in mind by the promoters of all truly professional publications and that is this: they are means to ends and not ends in themselves. There lies the difference between the professional magazine and the one whose real end, whatever its service may be, is that of profit. The "end" of professional advancement will be well served by the *Michigan Nurse*.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 350 words and should be accompanied by the names and addresses of the authors, though these need not be published.

UNIVERSAL EFFICIENCY STANDARDS FOR OFFICIAL REGISTRARS

ORGANIZATIONS cannot afford to engage people for the privilege of guaranteeing them an income. The income is given because it is assumed that the individual employed will direct her efforts in such a manner as to benefit the employers. Giving service is more than serving time; it consists of meeting one's responsibility. Until registrars have fixed in their minds the necessity of service to the private duty nurse and of consideration for her right to choose the type of duty for which she is best fitted, they are falling short of their duty. An individual giving inefficient service is wasting time that might be utilized by someone willing to bring a true spirit of service. Only as we serve can we hope to be efficient and be worthy of increased compensation.

Why not set up a universal standard method for operating official registries? Rules could be compiled that would be of equally efficient service to all of the groups of people served (private duty nurses, doctors, hospitals, and the public). The private duty sections throughout the country should be permitted to express their ideas as to what constitutes a fair standard. The matter could be discussed at private duty section meetings and the various decisions sent in to headquarters, as suggestions. Suggestions should be solicited from doctors and hospital executives also. A study of these registries giving the most efficient service at present, with the ideas brought together in the above-mentioned way should constitute a source from which to draw up a standard of service.

Texas.

M. F., R.N.

THE RELIEF FUND HELPS MANY SUCH

DID you ever hear a nurse complain about paying her \$1 annually to the Nurses' Relief Fund? If so, I wish I could have taken her with me on a trip I made last week. While in —, I decided to go out to see one of the nurses in our state who is receiving aid from this Fund. It was a ride of about six miles over hills and valleys covered with snow. We came to a neat little farm and there we found one of the most attractive people you could imagine, cheerful in spite of all she has endured. First there was a goitre, next scarlet fever, followed by a very bad mastoid,

then a tubercular spine which keeps her in a brace. Just before Christmas she lost her mother, so a brother came home to help look after the little home. He has been the soul of devotion. The little home was spotless, though plain and simple, just the kind of place where one is sure to find a guiding spirit producing happiness. Miss — goes to a hospital about once in six months for treatment and a readjustment of her brace. On her last trip she was told that a second operation for goitre would be necessary. This seemed to be a last straw, as she feared another operation would break down her lungs again. It seems a wonderful thing that our little dollars can help such people as this.

Michigan.

H. S. M.

AN APPEAL FOR RUSSIAN NURSES

THERE are over one thousand Russian trained nurses who share with their compatriots the unenviable lot of exiles, banished from their own country and scattered over the earth. In the first years after the exodus there were Russian medical institutions that needed nurses and most of them thus found employment, but the lack of funds soon forced these institutions first to diminish their size and later to close the majority. Thus many nurses were thrown out of employment and had to look for it outside the circle where it was natural for them to work. Many were able to find employment in local, non-Russian institutions, but the financial position of the majority remains very precarious. Through their own efforts a Russian union of trained nurses has been founded. Their impoverished state did not allow them to organize on business lines, and at their appeal the Russian Red Cross, Old Organization, formed a special committee in order to provide for them, into which the Senior Nurse, A. Romanoff, President of the Union, enters as a member. The headquarters of the Union is at 133 rue de Rome, Paris, XVII, France.

The most difficult situation is that of the nurses who, having given the best part of their lives to their work of mercy, have now reached an advanced age and are no more able to work. The Union tries to meet the need for care of such nurses but it is not easy when the emergency is great and the funds very low. The Russian Red Cross is in hardly any better position, as it has the care of all the sick, ailing

and weak, old and young, of the scattered community of Russian exiles. In order to meet the various needs among the Russian exiles, nurses included, a committee has been formed and is raising funds in the United States. Donations can be sent to "Count Paul N. Ignatieff's Special Fund" at the Central Union Trust Co. of New York, 42nd St. and Madison Ave., and can be earmarked for the relief of trained nurses in Europe.

COUNT PAUL N. IGNATIEFF.

A MESSAGE TO NURSES

THE attention of all nurses is called to the following appeal from the sick, and their co-operation in bringing it to the attention of nurses throughout the world is entreated.

"Will you support the battle against tuberculosis by daily prayer? This call is sent to all nations, races and church families by the Tuberculosis Prayer League, a non-sectarian fellowship of prayer. Headquarters, Catawba Sanatorium, Virginia, U. S. A.

"Pledge of membership in the Tuberculosis Prayer League: I will earnestly endeavor to observe 11 a. m., or once daily for silent united prayer, in which I will ask the Father, in the name of Jesus Christ, for the outpouring of His blessing upon every effort to combat tuberculosis; that a more effectual remedy may be added to us, and every sufferer shall be given strength to 'overcome' according to His will.

"Special message to sufferers from tuberculosis: (1) When we ask God 'to bless every effort' to combat tuberculosis that petition includes our own effort. Let us thankfully and conscientiously make the best possible use of every means of cure available, remembering that God is back of it all. (2) Plead for the prayer bell in every sanatorium to ring at a definite time daily to remind everyone of the united prayer for tuberculosis. (3) Ask your sanatorium mates to join in the prayer, sending in their names. (4) Letters carrying this message of prayer have been sent to sanatoria of the United States, Canada, England, Wales, and to scattered sections in other countries.

"General information: To avoid the possibility of reproach, money is not solicited in any form; therefore the sick depend upon God's people to pick up this message and carry it over the world. Send your name, a postal card will do, also names of all who will join you in the promise to try to pray each day

until a cure is proven and thanks returned to God. Address, The Tuberculosis Prayer League Headquarters, Catawba Sanatorium, Virginia, U. S. A."

A SUGGESTION FOR GRADUATING GIFTS

WE hear so much about coöperation that I cannot resist asking all alumnae associations to press one more point. Must the alumnae association welcome the graduating class each year with a theatre party and dinner; so many times it has proved that some are unable to attend. Would it not be more impressive to give each young graduate a yearly subscription to the *American Journal of Nursing*? We all remember the coöperation we got from the alumnae association when we first started out. The surprise will be so impressive that each nurse could not but renew her *Journal* the year following. She soon will realize it is the most interesting and helpful magazine she owns.

New York.

C. A. W.

JOURNALS WANTED

WILL anyone willing to pass on her copy of the *Journal* each month to a sick nurse, please notify the Rochester office of the *Journal, American Journal of Nursing*, 19 West Main St., Rochester, N. Y.

Elis B. Cantwell, Methodist Episcopal Hospital, Philadelphia, wishes to purchase or exchange the following: 1909, October, December; 1901, January through May.

Anna D. Wolf, University Clinian, University of Chicago, wishes to secure copies as follows: 1916, December; 1917, January, February, June, November; 1918, October through December; 1919, March, June, September, October, December; 1920, January.

Mauds F. Enig, Brokaw Hospital, Normal, Ill., wishes to purchase: 1921, November; 1922, March.

JOURNALS ON HAND

BEULAH E. COPE, 1532 Gratz St., Philadelphia, has some old copies of the *Journal* which she will sell for 50 cents each: 1902, June through September, November, December; 1903, January, February, April through September; 1904, except September, November, December; 1905, January, March, April, May. She has also complete files for 1926 and 1927 which she will give away if transportation is paid.

A Word about the New League Publications

THE new League list of publications announces several exceedingly useful reprints. For instance, there is "The Very Small School of Nursing" by Mary E. Gladwin. Whether associated with a small or a large school, you will want to read this article. The two papers on a nurses' residence with its furnishings and equipment by Alice S. Gilman offer practical help to individuals and groups seeking such information. A new vocational article, "Choosing A Profession," by Carrie M. Hall, will prove especially useful as a brief, inexpensive statement for college and high school groups.

The report of Conference on Nursing

Schools Connected with Colleges and Universities, held under the auspices of the Department of Nursing Education, Teachers College, and the League Committee on University Relations in January, is in preparation and will be mailed to all who have requested it, as soon as it is available.

Of the League Calendars, the Florence Nightingale (1921) and Early Schools of Nursing (1925) numbers are out of print. As part of the history of nursing, past and present, every nursing school should have a complete set of these Calendars. Now is the time to secure any missing numbers of those still obtainable.

LIST OF PUBLICATIONS, PORTRAITS AND SLIDES

NATIONAL LEAGUE OF NURSING EDUCATION

NATIONAL NURSING HEADQUARTERS, 370 SEVENTH AVENUE, NEW YORK, N. Y.

A Curriculum for Schools of Nursing, Education Committee, National League of Nursing Education	\$2.50
M. Adelaide Nutting—Some Appreciations	.15
Some Essential Conditions in the Education of Nurses	M. Adelaide Nutting, R.N. .25
Thirty Years of Progress in Nursing	M. Adelaide Nutting, R.N. .15
How Can We Care for Our Patients and Educate the Nurse?	M. Adelaide Nutting, R.N. .15
Report of the Committee on Nursing Education	Josephine Goldmark .10
The Report of the Rockefeller Foundation on Nursing Education: A Review and Critique	Richard Olding Beard, M.D. .10
The Making of History in Nursing Education	Richard Olding Beard, M.D. .10
The Modern Education of Women for the Profession of Nursing	Richard Olding Beard, M.D. .10
The Nurse as a Teacher of Positive Health	Annie W. Goodrich, R.N. .10
Nursing Education in America: Review and Outlook	Laura R. Logan, R.N. .10
Steps in Nursing Education	Laura R. Logan, R.N. .10
The Goal of Nursing Education	Laura R. Logan, R.N. .10
Training the Obstetrical Nurse	Carrie M. Hall, R.N. .15
Taking Courage	Carrie M. Hall, R.N. .10
Opportunities in the Field of Nursing (100 copies or over, 10 cents each)	Isabel M. Stewart, R.N. .15
Choosing a Profession	Carrie M. Hall, R.N. per 100 1.00
Electing Nursing as a Profession	per 100 2.00
A Challenge (Vocational Information on Nursing)	Postage charges only.
Problems Involved in the Grading Program	May Ayres Burgess, Ph.D. .10
The Place of the Teaching Supervisor in our Educational Program	S. Lillian Clayton, R.N. .10
Methods of Increasing Ward Teaching and Improving Supervision	Mary M. Marvin, R.N. .15
Preliminary Report of University Schools of Nursing, Education Committee, National League of Nursing Education	.20
Report of Conference on Nursing Schools Connected with Colleges and Universities, January, 1928. In preparation. Price to be announced.	
The Organization and Management of a Nursing School Library	Blanche Pfefferkorn, R.N. .10

Bibliography (Text and Reference Books for Schools of Nursing)	\$0.20
Forms of Government in Schools of Nursing S. Lillian Clayton, R.N., and Others	.15
A Health Study in a Nursing School Marian Rottman, R.N.	.10
Positive Health for Nurses Caroline Hodger, M.D.	.05
The Very Small School of Nursing Mary E. Gladwin, R.N.	.10
What Constitutes an Adequate Residence for a School of Nursing?	
Alice Shepard Gilman, R.N.	.10
Furnishing and Equipment of a Residence for a School of Nursing	
Alice Shepard Gilman, R.N.	.15
Report of Committee on Nomenclature, National League of Nursing Education05
Report of Committee on Budgets for Schools of Nursing, National League of Nursing Education10
The Problem of Making Up High School Deficiency Edith C. Richardson	.10
An Experiment in Case Study Sister M. Domitilla, R.N.	.10
Education in Tuberculosis for Student Nurses Louise M. Powell, R.N.	.15
The Education of the Student Nurse in Tuberculosis Nursing	
Katharine J. Denaford, R.N.	.15
Modern Facts and Phases of Tuberculosis David Alexander Stewart, M.D.	.10
Methods of Teaching Chemistry in Schools of Nursing Harry C. Biddle	.10
The Present Concept of Method Georgina Lommen	.10
Habits and Skills Maude B. Muse, R.N.	.10
Suggestions for a Course in Mental Nursing for Affiliated Students Elsie J. Taylor, R.N.	.05
Routine Inspection of Schools of Nursing Alma H. Scott, R.N.	.15
Nursing and Health of the Future Christopher G. Parrall, M.D.	.05
The Relation of a School of Nursing to a Hospital Isabel W. Lowman	.05
The Basis of Professional Ethics for Nurses Dr. William H. Kilpatrick	.15
Reports of the National League of Nursing Education—odd volumes, each	1.00

LEAGUE CALENDARS AND BOOKLETS

Early Leaders of American Nursing, booklet 192235
Leaders of American Nursing, Calendar 1923	1.00
Leaders of American Nursing, booklet 192335
Leaders of American Nursing, Calendar 1924	1.00
Nurse in Poetry, Calendar 1925	1.00
Hospital in Poetry, Calendar 1927	1.00
Calendar of Quotations, 1928	1.00

PORTRAITS

Florence Nightingale—	
15 x 20" Sepia (Coke Head)	5.00
8 x 10" Sepia (Coke Head)	1.00
15 x 20" Sepia Sitting (showing home in her earlier days)	5.00
8 x 10" Sepia Sitting (showing home in her earlier days)	1.00
Jane A. Delano—	
15 x 20" Sepia Sitting at Desk	5.00
8 x 10" Sepia Sitting at Desk	1.00
15 x 20" Gray Standing in Uniform	16.00
10 x 14" Gray Standing in Uniform	5.00
Post Cards, Standing in Uniform25
Sophia F. Palmer—	
11 x 14" Sepia	7.25
11 x 14" Gray	6.25
7 x 9" Tiffany Print Sepia	3.25
7 x 9" Tiffany Print Gray	4.25
Linda Richards—	
10 x 14"	5.00
Isabel Hampton Robb—	
10 x 12½"	3.50

SLIDES

Set of Lantern Slides on the History of Nursing—187 in set—per slide	\$0.50
Rental by set	15.00
Life of Florence Nightingale—52 in set—per slide	.50
Rental by set	5.00
History of Nursing in America (in preparation, 31 slides have been collected)—per slide	.50
Rental by set	5.00

A List of Schools of Nursing Accredited by the State Boards of Nurse Examiners (1926) is published and sold by the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. The price is \$1.50. The 1928 issue is in preparation. Price announced later.



Corrections

IN "Our Contributors" of the March *Journal*, page 284, Ada M. Olsen is described as Superintendent of Nurses of the University Hospital, Minneapolis, a position held by Mrs. Dorothy S. Kurtzman. Miss Olsen is Assistant to Mrs. Kurtzman. We regret the error.

In the same *Journal*, Book Reviews, page 311, the price of Flagg's "Art of Anesthesia" is listed as \$4.50. It should be \$5.00.



Records for Schools of Nursing

THE important matter of keeping records in schools of nursing varies greatly in the different states. In a few states the Board of Nurse Examiners has apparently done little to establish a definite procedure. In more than one-half of the states definite record forms are recommended or, in at least thirteen, required.

The full records are mentioned most frequently but the entire series is not always required. The New York series is used as a guide in a number of other states. Not infrequently the two series are combined.



United States Public Health Service

A BILL, H. R. 11026, "To provide for the coordination of the public health activities of the Government, and for other purposes," has passed this House of Representatives and is now before the Senate.

The interest of nurses throughout the country in the welfare of the United States Public Health Nurses may be shown by sending

letters or telegrams to senators, urging favorable action on the bill. Section 6 would establish a nurse corps in the Public Health Service "with the same pay and allowances as the Army Nurse Corps." There are 354 nurses now in the service. The only way they can now receive increase in pay is through promotion. If the bill passes, they will receive regular increases in pay every three years and they will be eligible for retirement allowances, on a percentage of pay, after twenty years of service or with three-quarters pay after thirty years.

The purpose of the whole bill is to make the United States Public Health Service a career service and thus promote its efficiency.



United States Civil Service Examinations

THE United States Civil Service Commission announces open competitive examinations for trained nurse and for trained nurse psychiatric. Applications must be on file with the Civil Service Commission at Washington, D. C., not later than April 28. The date for assembling of competitors will be stated on their admission cards, and will be about ten days after the close of receipt of applications. The examinations are to fill vacancies in the Panama Canal Service. Married women will not be appointed to these positions. Men are especially desired. Competitors will be rated on practical questions in anatomy, hygiene, and nursing; and their education, training, and experience. Full information may be obtained from the United States Civil Service Commission at Washington, D. C., or the secretary of the United States civil service board of examiners at the post office or customhouse in any city.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

PROBLEM III

AT one of the meetings of the American College of Surgeons, held in Detroit, October 3-6, 1927, some facts were given about as follows, which brought up some discussion:

The attending doctor ordered a mustard plaster to the chest of a patient. The nurse on duty recognized danger signs, and removed it. The doctor, making his visit, ordered the plaster to be reapplied and left on until he ordered it removed. In accordance with orders, the mustard plaster was reapplied, although the skin showed definite signs of blister.

The patient's friends sued the hospital for mistreatment of the patient.

Was the hospital to blame?

What should the nurse have done under these conditions? Should the doctor be allowed to lay the blame on the nurse, and the nurse, on account of her position and training, calmly take the punishment? What is the best way of dealing with such problems as this, which too frequently occur?

IN the introduction to his book on "Professional Codes,"¹ Dr. Benson Y. Landis says:

"The problem of this study is: (1) what are the functions of code-making in the development of ethical standards in the various professions, and (2) how may the experiences of these professional groups be applied by educators in the development of professional ethics?"

Are these problems ours, as well? Are they not fundamental?

In preparation of the study, more than two hundred professional and business organizations were asked for their codes and there was a large response. Twelve were finally decided upon. In the summary, he says:

"The analysis of these twelve professional organizations reveals that the situations out of which codes have grown are mainly those involving conflicts between the professional person and his client or employer (in education, conflicts between teachers and school boards and also between teachers and administrative or supervisory officers); conflicts between colleagues; for example, in the secur-

¹Bureau of Publications, Teachers College, New York.

ing of clients (in education, particularly, competition in the securing of appointments); relations between professional persons and publishers and supply houses; and relations between members of the profession and employment agencies.

"There are four types of documents: (1) the code which is a collection of specific rules of conduct, illustrated by those of architects and accountants; (2) one which is a collection of two kinds of articles—specific rules of conduct and general principles which set no standard (that of the Pennsylvania Education Association is included in this group, as are the majority of the twelve groups studied); (3) one which is a collection solely of principles which set no standard (most codes of professional organizations, including most of those among educators, belong to this group); (4) one which consists of general principles, constantly applied to particular situations by the rulings of a practice committee (illustrated by that of the American Association of Engineers).

"There are three types of organizations: (1) the one highly integrated, homogeneous, providing frequent contact between members and having well-developed machinery for education and discipline (illustrated by those among architects, accountants and realtors studied); (2) one less integrated, with fewer mechanisms of social control (illustrated by lawyers', doctors', art directors' groups and the Pennsylvania Education Association); (3) one which has done nothing except formulate or circulate a code (most professional organizations, including the state education associations, belong in this group)."

"The typical procedure for defining and meeting social situations which are of concern is as follows:

"1. Definitions of situations and framing of principles by a committee.

"2. Adoption of codification of rules and principles.

"3. Circulation of code.

"4. Education of membership in regard to provisions of code.

"5. Investigation of alleged offenses.

"6. Decisions in regard to cases investigated or the initiation of disciplinary proceedings in trials. (Trials have been carried only by the organizations among architects, accountants, physicians, realtors and lawyers.)"

NEWS

(Note.—News items should be typed, if possible, double space, or written plainly, especially proper names. Send items to *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.)

American Nurses' Association



Plans for the biennial convention of the three national nursing organizations, to be held in Louisville, Kentucky, June 4-9, are maturing rapidly. The following is a summary of arrangements:

Headquarters. Official headquarters will be at the Jefferson County Armory. This will include the business headquarters for the three organizations. At certain hours the three presidents with other officers will be available there for interviews.

Registration. All registration will take place at the Armory.

Exhibit. A commercial and educational exhibit of 100 concerns handling the type of commodity of interest to nurses will occupy one-half the floor space of the Armory.

Post Office. The United States Post Office Department will operate a station at the Armory during the week of the convention. All convention members are asked to facilitate mail delivery by having all their mail addressed to Nurses' Convention, Jefferson County Armory, Louisville, Ky.

Bulletin Board. All notices of changes in programs, round table conferences and other group meetings will be posted on a bulletin board at the Armory.

List of Convention Members. A plan is being devised for posting the names of those attending the convention. This list will be posted in the Armory and it is hoped that it will be kept by states so that nurses can locate each other without difficulty.

Special Information. Dunks in the Armory

will be maintained for issuing information regarding special social events, luncheons, dinners, etc., and for registering those going on side trips.

Publicity. All publicity will pass through a single office to be in the Armory. If publicity to home newspapers is desired, arrangements can be made there with the publicity secretary who will be glad to help.

Hotels. All hotel arrangements should be made through Miss J. O'Connor, 922 South Sixth Street, Louisville, Ky. Requests for reservations should include the following information: Name, address, hotel preferred, single or double room, date and approximate hour of arrival, number of persons in party. The demand for single rooms with individual bath is quite beyond the supply. Therefore, nurses are urged to share a bathroom with the neighbor next door. These rooms are comfortable and well furnished. Some rooms have double beds and it is requested that wherever possible, nurses share their rooms as well as the bathrooms. Nurses traveling in groups of three can be accommodated as there are a number of double rooms connected with a single room by a bath.

The Local Arrangements Committee is prepared to make reservations in other hotels should the hotel specified in requests for reservations not be able to offer the type of room asked for.

Hotels as Meeting Places. The Seelbach Hotel will be the hotel headquarters of the American Nurses' Association and the small meetings will be held there. The A. N. A. Section and other large meetings will be held in the Knights of Columbus Building where comfortable and spacious halls are available.

The Brown Hotel will be the headquarters of the National Organization for Public Health Nursing and it is expected that most of the meetings of that organization will be held there. The Kentucky Hotel will be the hotel headquarters of the National League of Nursing Education and League general sessions, conferences, committee and board meetings will be held in this attractive new building.

Social Functions. Social affairs for the entire convention membership will include a garden party, Tuesday evening, June 5, at Central Park; a boat ride Wednesday evening on the Ohio River; and a horse race, Friday

afternoon, at the widely known Churchill Downs.

Trips for Tourists. There are places of interest which those attending the convention by automobile can enjoy. Berea College is 120 miles from Louisville, a drive through beautiful country, and the Cumberland Gap leads by this historic trail through the mountains.

Committee. Flora E. Keen is chairman of the Local Arrangements Committee. Her address is Thierman Apartment, C-4, 416 West Breckenridge Street, Louisville, Ky. The chairman of the national Committee of Arrangements is Janet M. Geister, care of the

play an important part with varying connotations in many of the convention sessions.

This meeting, Monday evening, will be opened by addresses of welcome from the Governor of Kentucky and the Mayor of Louisville. S. Lillian Clayton, president of the A. N. A., will respond and the presidents of the three organizations will give brief talks as will also Clara D. Noyes, Director of the Nursing Service of the Red Cross.

Exhibit is commercial and educational. Confusion has arisen as to the type of exhibits which will occupy a half part of the Armory space. The hundred exhibitors will include representatives of concerns handling products of interest to nurses,—uniforms, shoes, hospital and nursing school equipment. Insurance companies will be represented also and these exhibitors have been encouraged particularly since adequate insurance for nurses is one of the very real needs and problems of the profession. Displays have been arranged also by the three national nursing organizations and other national groups.

Unhappily there is not room for other educational exhibits. Berea College is to have space but with that exception, exhibitions will be confined to the groups already listed. If state groups, and others wish to show their literature, the local committee should be informed in order that it may try to make arrangements for an exhibit elsewhere.

Delightful Events. Louisville, city of hospitality, is exerting every effort to make the coming convention one to be remembered long. The Local Arrangements Committee has planned three delightful affairs, a garden party, a boat ride and a horse race.

Kentucky State Association of Registered Nurses will be hostesses at the garden party, and on Wednesday evening, the Western District of this association will entertain with a boat ride on the Ohio River. Two boats, each with a capacity of 3,000 will take the convention members up the river. There will be music, dancing, an opportunity for relaxation, perhaps, a full moon.

The outstanding event in entertainment, however, will be the horse race Friday afternoon at Churchill Downs. This track, the most famous of its kind in the United States, is the scene of the annual Derby, known in racing circles throughout the world. This Friday race will be arranged especially for the nurses.

Side Trips of Interest. There will be a registration desk at the Armory for such as wish to avail themselves of side trips in Louisville and to many places of interest not far distant from the city.



DR. CHARLES HUBBARD JUDD

A. N. A., 370 Seventh Avenue, New York City. Transportation is under the charge of Anna M. Drake, Public Health Federation, 312 Ninth Street, Cincinnati, Ohio.

Opening Meeting. Dr. Charles Hubbard Judd, director of the Department of Education at the University of Chicago, and throughout his career a leader in the teaching of psychology and pedagogy, will be the speaker at the opening meeting of the Biennial Convention, Monday evening, June 4, at the Jefferson County Armory, Louisville. His subject will be "Adult Education," a theme to

The trip to Bardstown will include a visit to the old Rowan mansion where Stephen Collins Foster wrote "My Old Kentucky Home." This trip centers its interest in a visit to the log cabin birthplace of Abraham Lincoln. Enclosed in its granite memorial building, this cabin is a few miles from the little town of Hodgenville. This is a half-day trip and can be taken whenever it is convenient.

The Blue Grass Trip to Shakertown where was the home of the famous Shaker colony; to High Bridge, the highest railroad bridge in the country, and over the Palisades along the Kentucky River, reaches its apex in interest in the visit to the stables of the famous race horse, Man O'War. This is an all-day trip but it is worth it, for Man O'War, let it be known to neophytes in racing, is perhaps the most celebrated thoroughbred of the American turf. Under the care of the Kentucky horsewoman, Elizabeth Dainingerfield, Man O'War now is leading a placid existence, and he is sending to the American track, fillies and colts to carry the colors under which he has won so many victories on the race track.

Most interest will center, however, in a visit to Mammoth Caves and because of the large number of nurses who undoubtedly will want to see this national beauty spot, the Louisville and Nashville Railroad will run special trains on Saturday, June 9. The fare, \$8.45, includes a round trip ticket, two meals at the Caves, and a specially conducted tour.

Each night-coaching bus, both on trips around Louisville and on the more extensive tours, will have, as well as the regular guides, Kentucky nurses especially trained in giving information and answering questions about the tours. A group set aside for this purpose already is studying.

And, adds the Louisville Committee, as a final touch in hospitality, all bus trips will include a chicken dinner—Southern Style.



Routine Procedure in Choice of Biennial Convention City

The Joint Board of the three national nursing organizations has adopted the following routine procedure in choice of a Biennial Convention city. Any state nurses' association wishing to file an invitation for the 1930 Biennial should secure at once the application form from the American Nurses' Association and return it to the A. N. A. by April 1, 1928.

1. Each city applicant for the next Biennial Convention will, upon request, be fur-

nished an application form, setting forth the requirements and providing for statement of facilities offered.

2. Applications for a convention must be filed two months in advance of the final vote. A committee representing the A. N. A. shall then investigate and verify, by means of authoritative resources, each applicant's claims.

3. Three applicants shall be presented, in order of their preference, to the A. N. A. for final choice. The selection of the three by the committee shall be based on:

- (a) Regional priority
- (b) Accessibility
 - Railroad facilities
 - Density of nurse population
- (c) Adequate housing facilities
 - Hotels
 - Convention halls
 - Exhibit
- (d) Local backing
 - Chamber of commerce
 - Nurses' organizations

The committee shall also give a full report outlining reasons for preference of the three cities and information about each.

4. Provision shall be made for a clear understanding, at time of final choice of city, that in the event unforeseen events indicate that the requirements as set forth in the original application cannot be fulfilled, the convention choice will be transferred to the next city in the three chosen by the investigation committee.



Transportation

The Transportation Committee is not naming any official routes but is leaving that, as well as arrangements for special cars and trains to the nurses in various localities.

A reduction of one and one-half fare on the certificate plan will apply for members attending the meeting of the biennial nurses convention to be held at Louisville, Ky., June 4-8 inclusive, also for dependent members of their families.

Tickets at the regular one-way tariff fares for the going journey may be obtained on the following dates, May 31-June 6. Be sure that when purchasing going ticket you request a certificate. Do not make the mistake of asking for a "Receipt."

Present yourself at the railroad station for tickets and certificates at least 30 minutes before departure of train on which you will begin your journey.

Train Travel Data

(Compiled by Louisville Convention and Publicity League)

The following table shows minimum travel time, fares, distances and railway connections between Louisville and other large American cities:

City	Mileage	Fare	Lower Berth	Time hrs.	Railroads
Atlantic City.....	837	\$30.14	\$9.00	25	Penn., L. & N., B. & O., C. & O.
Atlanta.....	474	16.28	4.50	13	L. & N., Southern.
Baltimore.....	702	24.62	7.50	21	Penn., L. & N., B. & O., C. & O.
Birmingham.....	392	14.13	4.50	10	L. & N., I. C., Southern.
Boston.....	1,054	37.04	10.13	28	Penn., L. & N., B. & O., C. & O.
Buffalo.....	557	20.02	5.63	18	Big 4, N. Y. C.
Chicago.....	300	10.80	3.75	8	Penn., Monon.
Cincinnati.....	120	4.31	3.00	3	L. & N., B. & O., C. & O.
Cleveland.....	374	13.46	4.50	10	Penn., L. & N., B. & O., Big 4.
Dallas.....	849	30.55	9.75	24	St. Louis or Memphis lines.
Denver.....	1,201	42.94	12.75	34	St. Louis or Chicago lines.
Des Moines.....	665	22.35	6.38	18	Chicago lines.
Detroit.....	391	13.52	4.50	11	Penn., L. & N., B. & O., Big 4.
Houston.....	1,077	35.50	8.63	29	St. L., Memphis or New O. lines.
Indianapolis.....	112	4.19	3.00	2	Penn., Interurban.
Kansas City.....	561	20.18	6.38	17	St. Louis lines.
Knoxville.....	277	9.99	3.75	9	L. & N., Southern.
Memphis.....	379	13.70	4.50	10	L. & N., I. C.
Miami.....	1,236	41.67	12.75	38	L. & N., Southern, Fla. E. Coast.
Milwaukee.....	385	13.86	4.50	11	Chicago lines.
Minneapolis.....	708	25.46	6.38	23	Chicago lines.
Nashville.....	187	6.72	3.75	5	L. & N.
New Orleans.....	787	27.88	8.25	20	L. & N., I. C., Southern.
New York City.....	870	31.32	9.00	22	B. & O., C. & O., N. Y. C., Penn.
Omaha.....	701	25.24	8.25	23	Chicago lines.
Oklahoma City.....	862	25.43	8.25	21	St. Louis lines.
Philadelphia.....	780	28.08	8.25	21	Penn., L. & N., C. & O., B. & O.
Pittsburgh.....	424	15.50	4.50	13	Penn., B. & O., L. & N.
Portland, Me.....	1,162	41.86	11.50	30	Boston lines.
Portland, Ore.....	2,475	88.23	26.25	80	Chicago lines.
Richmond.....	644	23.14	6.50	21	C. & O., L. & N., B. & O.
Rochester, N. Y.....	625	22.50	6.38	19	Cincinnati lines.
St. Louis.....	282	10.14	3.75	8	B. & O., L. H. & St. L. Southern.
San Francisco.....	2,561	83.78	25.50	72	Chi., New O., or St. L. lines.
Washington.....	662	23.72	7.50	20	Penn., C. & O., B. & O., L. & N.

Certificates are not kept at all stations. If not obtainable at your home station, the agent will inform you at what station they can be obtained. You can in such case purchase a local ticket to the station which has certificates in stock, where you can purchase a through ticket and at the same time ask for and obtain a certificate to place of meeting.

Arrangements have been made for validation of certificates by a special agent of the carriers on June 4 to 8, inclusive, if the required minimum of 250 certificates is presented.

The reduction on the return journey is contingent on an attendance of not less than

250 members of the organization at the meeting and dependent members of their families.

If the necessary minimum of 250 certificates is presented to the special agent, and your certificate is duly validated, you will be entitled up to and including June 12, 1928, to a return ticket via the same route over which you made the going journey at one-half of the regular one-way tariff fare from the place of meeting to the point at which your certificate was issued.

The Chicago nurses have adopted the Monon route and would like to invite nurses in adjoining states to join them.

Trains leave Chicago (Dearborn Station)

at 9 a. m. and 9 p. m., reaching Louisville at 7.30 p. m. or 7.30 a. m.

Day train carries modern coaches, library-observation parlor car and diner serving famous "Hoonies" table d'hôte and à la carte meals. Standard steel Pullman sleepers on the night train. Special parlor cars or sleepers will be operated for use of members as required. If party numbers 125 or more, a special train can be operated to leave at time desired arriving Louisville in eight and one-half hours. Monon trains stop at 63rd Street Station, Chicago, Hammond, and points in Indiana at which connection is afforded from many parts of Illinois and Indiana.

Nurses in the northeastern section of the country are referred to the plans published in the March Journal.

The chairman of the Transportation Committee for the entire country is Anna Drake, 312 West Ninth Street, Cincinnati, Ohio.



Nurses' Relief Fund

REPORT FOR FEBRUARY, 1928

Balance on hand, January 31, 1928	\$23,056.33
Interest on bank balances	20.56
	<u>\$23,076.89</u>

Contributions

Alabama: District 1, \$6.90; District 5, \$6.31; District 6, \$2.90; District 7, \$2.10.	\$17.21
Arkansas: State Nurses' Assn., \$75; District 6-A, Pine Bluff, \$15; District 7, Eldorado, \$15.	105.00
Colorado: Two individual contributions.	2.00
Connecticut: Bridgeport, \$30.50; Connecticut Training School Alumnae Assn., \$30; Danbury, \$11; Groce, \$6; Greenwich, \$12; Griffin, \$13.50; Hartford, \$26.25; Meriden, \$14.50; Middletown, \$20; New Britain, \$12.50; Lawrence Memorial, \$11; St. Vincent's, \$18; St. Raphael's, \$50; Waterbury, \$101; individual members, \$37.25.	489.50
Delaware: Beebe Hospital Alumnae Assn., \$6; St. Francis' Hospital Alumnae Assn., \$3; individual members, \$9.	18.00
District of Columbia: Five individual contributions.	11.00
Georgia: District 2, forty-four individual contributions, \$44; University Hospital Alumnae Assn., \$25; Margaret Wright Hospital Alumnae Assn., \$5.	74.00
Iowa: District 2, individual member, \$1; District 6, seven individual members, \$7.	8.00
Kentucky: Norton Infirmary Alumnae Assn.	25.00
Michigan: \$1 per capita for 1,165 members.	1,165.00
Minnesota: District 2, St. Luke's Alumnae Assn., Duluth, \$12; District 3, individual members, \$20; District 4, Faribault Nurses' Club, \$10; individual members, \$49.50.	99.50

April, 1928

Missouri: District 2 (Kansas City), Trinity Lutheran Alumnae Assn., \$17; Children's Mercy Hospital Alumnae Assn., \$4; Christian Church Hospital Alumnae Assn., \$54; District 2 (St. Louis), St. Luke's Hospital Alumnae Assn., \$45; Mo. Baptist San. Alumnae Assn., \$3.	\$123.00
New Hampshire: Elliott Hospital Nurses' Alumnae Assn., Manchester.	50.00
New Jersey: District 1, Homeopathic Hospital, \$25; Newark Memorial Hospital, \$10; Orange Memorial Hospital, \$15; individual members, \$29; St. Elizabeth's Hospital Alumnae Assn., \$25; District 5, \$10.	114.00
New York: District 1 (Buffalo), Mt. St. Mary's Hospital Alumnae Assn., \$25; Buffalo Sisters of Charity Hospital Alumnae Assn., \$10; Children's Hospital Alumnae Assn., \$25; District 2 (Rochester), student nurse, \$2; District 7 (Utica), \$70; District 8 (Saratoga Lake), 100%, \$38; District 9 (Albany), Saratoga Hospital Alumnae Assn., \$25; District 13, N. Y. Infirmary Alumnae Assn., \$10; St. Luke's Hospital Alumnae Assn., \$50; Misericordia Hospital Alumnae Assn., \$25; Misericordia Hospital student nurses, \$25; three individual contributions, \$12.	317.00
North Carolina: District 1, \$20; District 2, \$100; District 3, \$20; District 4, \$15; District 5, \$10; District 6, \$10; District 7, \$10; District 8, \$10; District 9, \$15.	210.00
Oklahoma: District 1, \$46; District 3, \$1; District 4, \$3; Oklahoma Baptist Hospital Alumnae Assn., \$12.	62.00
Oregon: Individual contribution.	1.00
Rhode Island: Individual contribution.	1.00
South Carolina: State Nurses' Association.	122.00
Texas: District 2, \$39; District 6, \$24; District 15, \$12.	122.00
Wisconsin: State Nurses' Association members.	143.00
Total receipts	<u>\$26,399.10</u>

Disbursements

Paid to 197 applicants.	\$2,812.00
Salaries	227.51
Postage	25.00
	<u>3,064.51</u>
Balance February 29, 1928	\$23,244.57
Farmers' Loan & Trust Co.	\$14,515.54
National City Bank	3,065.64
Bowery Savings Bank	5,623.39
	<u>\$23,244.57</u>
Invested funds	116,575.87
	<u>\$139,820.44</u>

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the state chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the state chairman is not known, then mail the checks

direct to the Headquarters office of the American Nurses' Association, at the address given above. For application blanks for beneficiaries apply to your own alumnae or district association or to your state chairman. For leaflets and other information address the state chairman or the director of the American Nurses' Association Headquarters.



The Isabel Hampton Robb Memorial Fund

REPORT TO MARCH 10, 1926

Previously acknowledged	\$22,285.07
Contributions	
Colorado: State Association	10.00
Connecticut: Bridgeport, \$18.25; Connecticut Training School, \$2.50; Green, \$3; Griffin, \$5.25; Hartford, \$45.00; Meriden, \$5.75; New Britain, \$5.25; individuals, \$5.25	95.00
District of Columbia: Garfield Memorial Hospital Alumnae, Washington	10.00
Iowa: District 2	20.00
Kentucky: Jefferson County Graduate Nurses' Club	10.00
Massachusetts: Noble Hospital Alumnae	5.00
Michigan: State Association	25.00
Minnesota: State Association	25.00
Ohio: State Association	25.00
Utah: State Association	10.00
Total	\$22,891.07



The McIsaac Loan Fund

REPORT TO MARCH 9, 1926

Balance, January 9, 1925	\$1,323.87
Interest	2.19
Contributions	
Colorado: State Association	10.00
Connecticut (amounts as stated above in the report of the Robb Fund)	95.00
District of Columbia: Garfield Memorial Hospital Alumnae, Washington	5.00
Iowa: District 2	20.00
Massachusetts: Noble Hospital Alumnae, Westfield, \$5; Worcester Memorial, Nurses' Alumnae, \$10	15.00
Michigan: State Association	25.00
Minnesota: State Association	25.00
Ohio: State Association	25.00
Utah: State Association	10.00
Check representing loan returned	100.00
Balance, March 9	\$1,716.06

MARY M. RIDDLE, Treasurer.

Contributions for both funds are solicited from associations or from individuals. Checks should be made out separately and sent to Mary M. Riddle, Treasurer, care American

Journal of Nursing, 19 West Main Street, Rochester, N. Y. Applications for scholarships or loans should be sent to the Secretary, Katherine DeWitt, at the same address. Eight scholarships of \$200 each are being offered this year. The closing date is May 1st.



National League of Nursing Education

TICKET OF NOMINATIONS FOR 1928

For President

Elizabeth C. Burge, New York, N. Y.

For First Vice President

Mary M. Pickering, Berkeley, Cal.
Shirley C. Titus, Ann Arbor, Mich.
Helen Wood, Rochester, N. Y.

For Second Vice President

Elis M. Lawler, Baltimore, Md.
Ethel M. Clark, Indianapolis, Ind.

For Secretary

Nellie X. Hawkins, Cleveland, O.
Stella Goonray, Boston, Mass.

For Treasurer

Marian Rottman, New York, N. Y.

For Directors

(Four to be elected)

Carrie M. Hall, Boston, Mass.
S. Lillian Clayton, Philadelphia, Pa.
Ada Belle McCleary, Evanston, Ill.
Mary M. Roberts, New York, N. Y.
Alice Shepard Gilman, Troy, N. Y.
Sister Dominika, Rochester, Minn.
Claribel A. Wheeler, St. Louis, Mo.
Mary E. Gladwin, Minneapolis, Minn.
MARIE C. EDEN,
ELISE MAURER,
JENNIE M. MURDOCH, Chairman,
Committee on Nominations.



The Nurses' Association of China

The National Conference, held in Shanghai, January 18-24, opened with a reception at which Dr. Lowe, Secretary of the National Medical Association of China, welcomed the guests. The President, Lillian Wu, responded. Business sessions were held every

morning. On two afternoons there were excursions to the registered schools in Shanghai. The Medical Association gave a tea party, one day. One evening, the Conference was entertained at a foreign supper by one of the members, and later a concert by blind boys was enjoyed. One evening the members went "round the world with the General Secretary"; another evening there were nursing demonstrations by the Shanghai registered schools. A Chinese drama was given by the nurses of St. Luke's Hospital. There were two special services and a communion service on Sunday. Among the special addresses was one by the Medical Secretary; one by Dr. Chang of the International Opium Society and Director of Public Health of the New China; one by Mr. Carter, an American sage minister, whose singing was greatly enjoyed. All the papers on the program were good. A Student Nurses' Association has been incorporated into the Association, and definite plans have been made for uniforms for students and graduate nurses. The Association is moving its headquarters back to Hankow. Four delegates were elected to the International Congress, one a male nurse. A Chinese General Secretary, Mary Shih, has been elected. Lillian Wu was re-elected President. Men nurses were chosen as chairmen of the Committees on Translation, Curriculum, Registration, Membership, and Headquarters Building. Forty of the 126 schools in China now have Chinese superintendents.



Army Nurse Corps

During the month of February, 1928, orders were issued for the transfer of the following named members of the Army Nurse Corps to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieut. Frances M. Poole; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieut. Lenora Ramsah, Edna M. Long; to station hospital, Fort Leavenworth, Kans., 1st Lieut. Katherine C. McGrath, 2nd Lieut. Elizabeth M. Beedins, Wilma M. Phillips, Katherine L. Jones; to Letterman General Hospital, San Francisco, Calif., 2nd Lieut. Nettie R. Jenkins, Clara G. Washington; to station hospital, Fort Sheridan, Ill., 2nd Lieut. Laura K. Wood, Clara J. Perry; to Walter Reed General Hospital, Washington, D. C., 2nd Lieut. Mildred L. Johnson; to the Hawaiian Department, Ella F. Tingley; to the Philippine Department, 1st Lieut. Roba G.

Cameron, 2nd Lieut. Janet A. Foran, Pruella H. Dreddy.

Eighteen have been admitted to the Corps as 2nd Lieuts. The following named are under orders for separation from the service: Ann Footitt, Loretta M. McAleer, Hazel M. Leifeste, Stella Leifeste, Lolita Guererro.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent.



Navy Nurse Corps

REPORT FOR FEBRUARY

Transfers: To Annapolis, Md., Anne K. Harkins, Chief Nurse; to Canacao, P. I., Mary M. Heck, Louise Madsen, Irene Watson; to Guam, M. I., Frances S. Denk, Helen C. Noel, Della A. Killen; to Mare Island, Calif., Mary B. Roberts, Gertrude M. Dean; to New York, Agnes Puck; to Norfolk, Va., Ruby Hill, Dena Leopold, Caroline V. Graham; to Pearl Harbor, T. H., Margaret Ditmars, Harriet A. Harris; to Puget Sound, Wash., Elsie Brooke, Chief Nurse; to San Diego, Calif., Sigrid M. Holtan, Ethel M. Peterson, Ruth Ingram; to St. Thomas, V. I., M. Nirvinia Bailey; to Washington, D. C., Sara M. Cox, Chief Nurse.

Adah L. Farnsworth has completed a course in Anesthesia at the University of Pennsylvania and has been ordered to the Naval Hospital, St. Thomas, V. I.

The following nurses have been separated from the Service: Borghild Reed, Margaret E. O'Connell.

J. BEATRICH BOWMAN,
Supt., Navy Nurse Corps.



U. S. Public Health Nursing Service

REPORT FOR FEBRUARY

Transfers: To Baltimore, Md., Katherine Ponti; to Fort Stanton, N. M., Elva Denning, Edna Carlson; to Port Townsend, Wash., Julia Trabucco; to Key West, Fla., Enola LeBlanc; to Vineyard Haven, Mass., Julia Doyle; to Portland, Maine, Thelma Chappell; to Stapleton, N. Y., Pearl Brown; to Savannah, Ga., Georgia Adkison.

Reinstatements: Lucy Price, Mary Gordon, Marjorie Bennett, Erna Hange.

New assignments: Seven.

Miss Minnigrode returned to the Bureau on February 1, greatly improved in health

after two and one-half month's treatment at the Marine Hospital, Norfolk.

Lucy Minnigerode,
Supt. of Nurses, U. S. P. H. S.



U. S. Veterans' Bureau Nursing Service

REPORT FOR FEBRUARY

New assignments: Twenty-seven.

Transfers: To Washington, D. C., Mabel Alexander, Chief Nurse, Margaret Fix; to The Bronx, N. Y., Bonnie Warwick, Chief Nurse, Mary Normand; to Northport, L. I., Catherine Crew, Chief Nurse; to Perry Point, Md., Carrie Kolarick, promoted to Chief Nurse; to Palo Alto, Calif., Laura Spangler, Abbie Purvis; to Ft. Snelling, Minn., Clara Johnson, Olive Kelly.

Reassignments: Ethel Lawrence, Amanda B. MacDonald, Margaret Nickerson, Rose Avery, Margaret Lowe, Mary Mixon, Minnie Waggoner, Elizabeth Hughes.

MARY A. HICKEY,
Supt. of Nurses, U. S. V. B.



Indian Service

Appointments: Five.

Resignation: Mabel E. Davidson.

ELINOR D. GREGG,
Supervisor of Field Nurses.



The Pan-Pacific Women's Conference

HONOLULU, AUGUST 9-19

The Women's Conference will be under the auspices of the Pan-Pacific Union, which is "an unofficial organization, the agent of no government, but with the good will of all in bringing the peoples of the Pacific together into better understanding and cooperative effort for the advancement of the interests common to the Pacific area." The program is to be arranged around five topics: (1) Health, (2) Child Welfare, (3) Education, (4) Women in Industry, (5) Women in Government and Social Service.

The National Council of Women has undertaken the responsibility for planning an "all-expense" tour for those who wish to attend from this country, details to be announced later.

The meeting will be one of genuine interest to nurses. The officers of the Nurses' Association of Hawaii are actively participating

in the plans and are eagerly looking forward to this opportunity of meeting fellow members of the American Nurses' Association from the states.



Institutes and Summer Courses

(Dates, places and general subjects are given briefly this month, for the benefit of those making their plans now for summer study. Fuller notices will be published in the May Journal.)

California: Berkeley.—July 2-August 11, Nursing Education, at the University of California.

Colorado: Greeley.—June 16-July 21, Nursing Education at the Colorado State Teachers College.

Florida: Gainesville.—June 11-August 4, Hospital Administration, Nursing Education, Public Health, at the University of Florida.

Illinois: Chicago.—June 16-July 25, Public Health Nursing and Supervision in Schools of Nursing; and July 26 to August 31, Teaching of Principles and Practice of Nursing, at the University of Chicago.

Massachusetts: Boston.—July 2-August 10, Nursing Education, at Simmons College.

Pennsylvania: Philadelphia.—July 2-August 10, Public Health Nursing, at the Pennsylvania School of Social and Health Work. May 28-June 2, An institute under the auspices of the State League. Pennsylvania State College.—July 2-August 10, School Nursing and Training in Teaching Methods.

Tennessee: Nashville.—June 12-July 19 and July 20-August 29, Public Health Nursing; June 12-July 19, Teaching and Supervision in Schools of Nursing, at George Peabody College.

Washington: Seattle.—June 12-July 17 and July 18-August 22, Public Health Nursing at the University of Washington. July 23-27, An institute on various phases of nursing.

Wisconsin: Spring Bank.—No details ready.



Commencements

Illinois: Chicago.—THE PRESBYTERIAN HOSPITAL, a class of sixty-eight on March 29, with an address by John Timothy Stone, D.D.

New York: **New York.**—THE MOUNT SINAI HOSPITAL, a class of seventy-four, on March 2, with an address by Joseph C. Donna, M.D. THE WYCKOFF HEIGHTS HOSPITAL, a class of thirteen, on March 7, with addresses by Mary M. Roberts and Mon-signor John C. York. THE NEW YORK POST GRADUATE HOSPITAL, a class of forty, on March 7, with an address by Charles Gordon Heyd, M.D. THE NEW YORK HOSPITAL, a class of twenty, on March 7, with an address by Walter L. Niles, M.D.



State Boards of Examiners

Alabama: THE NURSES' BOARD OF EXAMINATION AND REGISTRATION OF ALABAMA will hold examinations in Birmingham on May 21-23; in Montgomery, May 23-24; in Mobile May 25-26. Applications must be filed with the secretary, Linna H. Denny, 1330 N. 25 St. Birmingham, before May 7.

Arizona: THE ARIZONA STATE BOARD OF NURSE EXAMINERS met at the State House in Phoenix, January 20, at which time the following officers were elected: President, Helen V. Egan, Phoenix; secretary-treasurer Catherine Owen Beagin. About ten times the usual number of certificates of registration were issued, as the Legislature, in 1927, amended the law so that all graduate nurses practicing their profession in the state are required to register. The next examination for registration will be held April 27 and 28 at Phoenix.

District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for the registration of nurses on May 1 and 2. Application blanks must be filed with the Secretary, not later than April 15. Mary M. Carmody Secretary, 1337 K. St., N.W., Washington.

Florida: THE FLORIDA STATE EXAMINING BOARD OF NURSES will hold an examination for registration for graduate nurses June 5 and 6, and for licensed attendants, June 7, at the Seminole Hotel, Jacksonville, beginning at 9 a. m. Applications must be filed with the secretary, Mrs. Louisa B. Benham, Hawthorne, not later than May 1.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold an examination for state registration of graduate nurses in Louisville, at the City Hospital Nurses' Home, June 12-13. For further information

write to Flora E. Keen, Secretary, Thierman Apt. C-4, Louisville.

New Jersey: THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold a two-day examination for registered nurse certificate in Trenton and in Newark, June 15 and 16. Applications should be filed not later than June 1 with the secretary-treasurer, Mrs. Agnes Keane Fraentzel, 42 Bleeker St., Newark. Mrs. Mabel Graham von Deesten, Jersey City, has been elected president of the New Jersey State Board of Examiners of Nurses to succeed Elizabeth J. Higbid.

North Dakota: THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS will hold an examination for registration of nurses at Fargo, April 24 and 25. Applications must be in the hands of the secretary by April 14. M. Clark, Secretary, Devils Lake.

Pennsylvania: THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will conduct an examination in Philadelphia and Pittsburgh on April 21. Applications should be filed as promptly as possible at room 812 Mechanics Trust Building, Harrisburg. THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will conduct an examination on May 26 in Philadelphia, Wilkes-Barre and Erie; and in Pittsburgh on June 2. Only those nurses who will have actually completed their course by that date are eligible for this examination. Applications, however, may be filed at 812 Mechanics Trust Building, Harrisburg, when the student is within three months of completing her course, provided she has successfully passed all of her examinations in her home school.

Rhode Island: THE RHODE ISLAND BOARD OF EXAMINERS OF GRADUATE NURSES will hold its examinations in the Museum at the Rhode Island College of Education, Providence, May 10 and 11 at 9 a. m.

Wisconsin: The next state board examination for registration of nurses in Wisconsin will be held May 22, 23 and 24, at the City Hall, Milwaukee, and at St. Joseph's Hospital, Marshfield.



State Associations

Arizona: THE ARIZONA STATE ASSOCIATION will hold its annual meeting in Tucson, April 25 and 26.

Colorado: THE COLORADO STATE GRADUATE NURSES' ASSOCIATION held its annual meeting at Salida on February 9. One of the best things accomplished was the decision to appoint a permanent secretary, on salary. It is hoped that this will put the Association on a more progressive basis. Another accomplishment was the endorsement of 12-hour duty in all hospitals. There were no official speakers. All meetings were conducted as round tables with appointed leaders. The most burning questions were taken up with interest and spirited discussion. The following officers were elected: President, Louis Craft Boyd; vice presidents, Ann Dickie Boyd and Ruth Colestock; recording secretary, Mary Balding; treasurer, Ellen Purdus; all of Denver. The corresponding secretary is yet to be appointed.

Delaware: THE DELAWARE STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting, January 28, at the Homeopathic Hospital, Wilmington. The election of officers was held with the following results: President, Amelia Kornbau; vice presidents, Mrs. Helen V. Winhart, Beadie Connell; secretary, Mrs. Mae Smith; treasurer, Eva B. Hayes; directors, Anna Tibbous, Lillian Motherhead. An enjoyable program followed the business meeting.

Georgia: On March 12, the headquarters of the GEORGIA STATE NURSES' ASSOCIATION kept "open house" to the Red Cross Nurses who, in memory of Jane A. Dolano, beloved world war nurse, came to renew their allegiance to the American Red Cross. Lillian M. Alexander, chairman of the Local Red Cross Committee, and Jean Harrell, secretary of the committee, were hostesses, assisted by Gail Macdonald, until recently connected with the National Headquarters of the A. R. C. Many Red Cross nurses called during the day to file their questionnaires.

Illinois: THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES is endeavoring to secure 75 per cent participation of its members in a plan for group insurance which was enthusiastically adopted at the state meeting.

Maryland: At its annual meeting, the MARYLAND LEAGUE OF NURSING EDUCATION elected: President, Dorothy Miller; secretary, Frances M. Branley.

Michigan: THE MICHIGAN STATE NURSES' ASSOCIATION will hold its next annual meeting in Lansing, May 23-25.

Nevada: THE NEVADA STATE NURSES' ASSOCIATION at its annual meeting held January 3, elected as officers: President, Mrs. Bernice Sullivan; secretary, Claire M. Southeran; treasurer, Mary Evans.

New Jersey: The twenty-sixth annual meeting of the NEW JERSEY STATE NURSES' ASSOCIATION will be held at the Berkeley-Carteret Hotel, Asbury Park, on April 13. The morning session will be devoted to routine business and the election of officers. In the afternoon, the NEW JERSEY LEAGUE OF NURSING EDUCATION will present a program consisting of addresses by Dr. Charles E. Elliot, New Jersey Commissioner of Education; Blanche Pfefferhorn, Executive Secretary of the National League of Nursing Education; and George O'Hanlon, M.D., Medical Director of the Jersey Hospital. Dr. O'Hanlon's topic will be "The Responsibility of the Hospital to the School of Nursing." At 7 o'clock in the evening there will be a joint banquet of the three state organizations. The speakers will be Nathan B. Van Etten, M.D., New York City, member-at-large of the Committee on the Grading of Nursing Schools, and Elizabeth Miller, State Department of Welfare, Pa.

THE STATE ORGANIZATION FOR PUBLIC HEALTH NURSING will hold a meeting on April 14. The morning program will be: A business meeting; "The Public Health Nurse and Communicable Diseases," by Mary E. Pillsbury, Teachers College, New York; a demonstration of health education in schools, given by some of the pupils. At luncheon round tables, the following topics will be discussed: (a) School nursing; (b) the layman's problem; (c) rural public health nursing; (d) problems of the superintendents of visiting nurse associations. In the afternoon two topics will be discussed: "Public Health Work in Austria," by Elma Haupt, Director of Public Health Nursing, Rural Hospital Division, Commonwealth Fund; "Development of a County Public Health Program": (a) from the nurse's point of view, by Catherine Raville, Teachers College, New York; (b) from the layman's point of view (speaker to be announced); (c) from the health officer's point of view, by Budd Obert, Health Officer of Asbury Park. An automobile drive along the Shore Road with tea at Brookdale Farm will close the day's program.

New Mexico: THE NEW MEXICO STATE NURSES' ASSOCIATION will hold its annual meeting at Albuquerque, April 28.

North Carolina: THE NORTH CAROLINA STATE NURSES' ASSOCIATION will not hold its annual meeting until fall, due to the biennial convention of the National organizations.

Ohio: THE OHIO STATE ASSOCIATION will hold its annual meeting in the Hotel Ohio, Youngstown, April 11-14. An outline of the program will be found in the March Journal.

Rhode Island: The annual meeting of the RHODE ISLAND STATE ORGANIZATION FOR PUBLIC HEALTH NURSING was held on February 17, Helen Falvey presiding. During the business meeting the following officers were elected: Vice president, Nellie R. Dillon; nurse directors, Adah Thornley, Mrs. Lillian Johnson; lay directors, Mrs. Charles Holt, Mrs. William Rockwell. Mrs. W. W. Weldon, Field Director, American Red Cross, spoke on "Some Aspects of the New England Flood." Elizabeth G. Fox, National Director Public Health Nursing Service, American Red Cross, had as her subject, "The Mississippi Flood and the Part of the Public Health Nurse in the Reconstruction Plan." A film depicting conditions in the Mississippi flood area was shown.

Texas: THE TEXAS STATE ASSOCIATION will hold its annual meeting in Wichita Falls, May 29-31.

Utah: THE UTAH STATE NURSES' ASSOCIATION held its regular quarterly meeting, January 27, at the Civic Center, Salt Lake City. Ella Wickham presided in the absence of the President, Laura Wilcox. Mr. Welling, Director of Registration, gave an interesting talk on "Problems of Registration." A spirited business meeting followed.

Vermont: THE VERMONT STATE NURSES' ASSOCIATION will hold its annual meeting in Burlington, June 14.

Virginia: THE GRADUATE NURSES' ASSOCIATION of Virginia will hold its annual meeting in Richmond, at the Hotel Jefferson, May 22-24.



District and Alumnae News

Alabama: Birmingham.—DISTRICT 1 held a regular meeting on February 8, at the Nurses' Home of St. Vincent's Hospital. Catherine Moulton, chairman of the Registry Committee, reported that the cards advertising the registry for doctors' offices were ready for distribution. She urged the members,

especially the private duty nurses, to cooperate with the registrar also the committee and try to abide by the rules governing same. She also reminded them to plan for the biennial in Louisville in June. Mrs. Earle McLin of the McLin School of Expression gave a talk on "Giving Yourself a Square Deal." The outstanding feature of the program was an account of medical and nursing conditions in China by Dr. Adrian Taylor who has recently returned from that country, having been connected with the research department of the Rockefeller Institute for twenty years.

Connecticut: New Haven.—The hourly nursing service which was inaugurated by the central registry in January, 1927, which had proved so acceptable to the community, has been taken over by the Visiting Nurse Association. Annabelle Bruce will continue her work under the new auspices.

District of Columbia: Washington.—The February meeting of the LEAGUE OF NURSING EDUCATION was held at the Naval Hospital, February 23. Representatives of the Red Cross organization told of the enrollment campaign to be conducted during the observance of the "Jane A. Delano Week." The plans for the Jane A. Delano birthday celebration, to be held at the Central High School, March 12, were discussed at length. Capt. Charles M. Orman, Medical Corps, U. S. Navy, addressed the League on "Chinese Military Medicine and Surgery."

Georgia: Atlanta.—THE FIRST DISTRICT ASSOCIATION held a meeting on February 17 at the Headquarters Office of the State Association. Talks were given by Jessie M. Candlish, President of the State Board of Examiners of Nurses and Superintendent of the new Children's Hospital, and by Lillian Alexander, Director of Public Health. Reports of chairmen indicated activity in most committees of the District. The cooperation of the nurses of this District was asked by the Junior Red Cross, which is planning a benefit entertainment for the Tallulah Falls School for mountain boys and girls, which has been the recipient of annual contributions by nurses of the State Association for a number of years. **Columbus.**—THE FIFTH DISTRICT held a meeting on March 1 when two interesting talks were given, one on the "Value of Professional Organization," by Dr. W. P. Jordan and one on "Child Welfare Work" by Hattie Weldon. The district's motto is, "Every nurse a member and every member an active member."

Idaho: Boise.—THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL held the annual meeting on February 1, electing as officers: President, Gladys Van Voorhis; vice president, Mrs. John Robinette; secretary, Mamie Watts; treasurer, Rowena Shafer.

Iowa: Carroll.—THE ALUMNAE OF ST. ANTHONY'S HOSPITAL met on February 8 and, after the business session, heard an interesting lecture by J. J. Meyers on the "Iowa Nurses' Law." **Dubuque.**—On February 22, members of DISTRICT 3 entertained informally at Finley Hospital Nurses' Home. Maude Sutton, Director of Nursing Education, who was in Dubuque visiting the training schools, was guest of honor. She gave a short talk, explaining some of the duties of her new office. **Iowa City.**—THE ALUMNAE ASSOCIATION AND THE SCHOOL OF NURSING AT THE UNIVERSITY HOSPITAL now maintain a registry for graduate nurses. In order to be eligible for this registry, a nurse must be registered in Iowa and in good standing with her Alumnae Association. The annual registration fee is \$10. Westlawn, the nurses' residence on the west campus overlooking the Iowa River, has recently been enlarged to three times its former size and now has 245 rooms with accommodations for 414 nurses. The reception rooms, library and recreation rooms add much to the comfort and beauty of the home. Eastlawn, also a nurses' home, was closed March 1. The Alumnae Association recently purchased a grand piano and presented it to the student nurses, the fund being raised by pledges, and entertainments. Officers for the coming year were elected at the annual meeting of the Association, as follows: President, Florence Merrill; vice president, Henrietta Stegeman LaDage; secretary, Leona Brammerio; treasurer, Bina Jacobs. **Mason City.**—In an effort to interest registered nurses of the TENTH DISTRICT in the District Association, a luncheon was held February 14 at Hotel Hanford to which all registered nurses were invited, whether or not they were members of the Association. Thirty-seven were present. So enjoyable was the luncheon and social hour, it was decided to meet socially at regular intervals.

Michigan: Detroit.—At the annual meeting of the DETROIT DISTRICT, the Committee on Membership and Credentials gave an interesting report illustrated by graphs. Five meetings have been held during the year. Each of the members of the committee serves as chairman of a sub-committee. These are: Hospital Staffs, Office Nurses, Industrial Nurses, Public Health Nurses. The Depart-

ment of Health nurses, through their Nurses' Staff Council, voted to require membership in the Detroit District Association and the private duty nurses, in order to register for calls, must be members of the district. Therefore, these two groups have 100 per cent membership. This is an ideal toward which all groups may strive. Total membership, 1904: Hospital superintendents' staffs are 13 per cent members; nurses in doctors' and dentists' offices, 5 per cent; public health nurses, 75 per cent.

Minnesota: Duluth.—The lecture hall at St. Mary's Hospital was filled, the evening of March 9, with nurses and their friends gathered to do honor to the memory of Jane A. Delano. The program opened by singing the "Star Spangled Banner" and repeating the oath of allegiance. Louise E. Schneller, Chairman of the Local Committee, briefly reviewed Miss Delano's life and work. Minnie E. Cann, Secretary of the Local Committee gave an interesting statistical report of Red Cross enrollments in the district, following which Mrs. J. P. McGiffert, in full service uniform, gave an inspirational address on the origin of the Red Cross and of the Red Cross Nursing Service. The Red Cross nurse in the performance of some of her duties was shown in pantomime by the Girl Scouts. The white-haired war veteran, W. S. McCormick, talked on "Service." The chairman's appeal to the nurses to enroll in the Nursing Service was rewarded by the receipt of 45 new applications. **Winona.**—THE WINONA GENERAL HOSPITAL ALUMNAE ASSOCIATION at its annual meeting elected: President, Mary R. Going; vice presidents, Bertha Wagner, Nan Clifford; secretary, Stella Slaby; treasurer, Elizabeth Carroll.

Missouri: Moberly.—Capping exercises were held on March 5, by the Woodland Hospital for the two probationers who had completed their three months' probation. Short talks were given by Miss McGuire, Dr. Ragan and Dr. Fleming.

New Jersey: Passaic.—At the annual meeting of the PASSAIC GENERAL HOSPITAL ALUMNAE ASSOCIATION, held February 1, the following officers were elected: President, Emma Nelson; vice president, Frances Terhune; secretary, Kathryn Cayan; treasurer, Helene Lanvers.

New York: Binghamton.—At the annual meeting of the ALUMNAE ASSOCIATION OF THE BINGHAMTON TRAINING SCHOOL, held January 5, the following officers were elected: President, Ruby Mazon; vice president, Iva

Robinson; recording secretary, Gertrude Goldsmith; corresponding secretary, Mary Clark; treasurer, Ethel Thornburn. Mrs. Cordelia Piper, newly appointed director of nurses, was made an honorary member of the Association. **Elmira.**—The regular meeting of the ALUMNAE ASSOCIATION OF THE ARNOT-ODGEN MEMORIAL HOSPITAL was held, March 6. John Turner of the Elmira Arms Company entertained the members with moving pictures of Niagara Falls, South America, and Lindbergh's receptions in Europe and Cuba. **New York.**—At the annual meeting of DISTRICT 13, Frederica Farley was elected president. A report of the Registry Committee which is studying the problem of reorganization was given by Elizabeth C. Burgess. Janet M. Geister discussed the progress of registries throughout the country. SECTION 1 of the STATE LEAGUE met at the Willard Parker Hospital, March 7, when Margaret Pillsbury discussed Aesthetic Technic. This was followed by demonstrations by the students. THE INDUSTRIAL NURSES' CLUB held a dinner meeting at the Central Club, where Mary M. Roberts spoke on the service of the *American Journal of Nursing* to nurses. At the annual party given by the MANHATTAN CHAPTER OF THE RED CROSS, March 12, Mrs. August Belmont spoke to almost four hundred Senior students. Frances A. Dennis, long a resident of New Jersey, has been appointed registrar in the Dispensary at Bellevue Hospital. Sara Burns, who was superintendent of the New York Skin and Cancer Hospital for nearly twenty-four years, has resigned her position. **Syracuse.**—The nurses of DISTRICT 4 have organized a local branch of the New York State League of Nursing Education. The following officers were elected at a meeting held March 8 at the General Hospital: President, Marion Wells; vice president, Cathelena Cooper; treasurer, Eva Gilbert; secretary, Ida Theobald. The March meeting was held at the Syracuse Memorial Hospital.

North Carolina: Goldsboro.—Thirty members and some visitors attended the meeting of the ESORTH DISTRICT held at the Woman's Club, February 14, Marie Farley presiding. Mrs. Thomas O'Berry, president of the State Federation of Women's Clubs, spoke on the "Shppard-Towner Maternity Act." Mrs. Carlton Myers, field representative of the American Red Cross nursing service for North and South Carolina, spoke on "Red Cross Nursing Service." Miss Farley gave a report of the Advisory Council meeting held in

Charlotte. The next meeting was held in Greenville, March 13.

Ohio: Cincinnati.—The OFFICIAL REGISTRY moved to 225 Dorchester Avenue on March 1.

Oregon: Salem.—Elnora E. Thomson, Director of Nursing Service for the Marion County Child Health Demonstration since May, 1925, has resigned. Fern A. Goulding, assistant to Miss Thomson, has been appointed her successor. Miss Thomson will continue her work at the University of Oregon in connection with the courses for nurses.

Pennsylvania: Philadelphia.—The Alumnae of the FRANKFORD HOSPITAL have equipped a diet laboratory in the Winchester Nurses' Training School in Armenia, in memory of one of their graduates, Edith Winchester, who died in Near East service. The regular meeting of HAHNEMANN HOSPITAL ALUMNAE ASSOCIATION was held March 8, when the members were glad to have as guests, Dr. Harlan G. Wells, of the hospital staff, and Esther Entriiken who made short addresses. The regular meeting of the SAMARITAN HOSPITAL ALUMNAE HAVING BEEN POSTPONED, because of the death of Miss Evans, one was held on March 6, beginning with a few moments of silence in tribute to her. Routine business including the election of ten new members, was followed by a lecture by Dr. Thaddeus Bolton of the Temple University. Plans were discussed for the annual banquet. It was decided at the January meeting to start a fund for a club house and \$700 was deposited for this purpose. A loan fund for nurses has been started to render assistance for educational purposes to graduates of the training school. A program is being planned for each meeting. Those who have attended the last few meetings know what a treat it is to listen to the speakers.

Tennessee: Knoxville.—The alumnae of the KNOXVILLE GENERAL HOSPITAL are working for a scholarship fund.

Virginia: Harrisonburg.—The regular meeting of the ALUMNAE ASSOCIATION OF THE ROCKINGHAM MEMORIAL HOSPITAL was held on February 15. The members agreed to give \$20 a year, for five years, to the fund of the Grading Committee. Dr. Byers, who was present, spoke interestingly on the benefits the public will derive from hourly nursing and he also gave some good points on obstetrics. **Richmond.**—Among the recommendations made to the governor in a

survey of higher education in the state, was one regarding the School of Nursing of the Medical College of Virginia that it be developed more generously on the side of pediatrics and obstetrics, to make possible more affiliations in these subjects with smaller hospitals in the state.

West Virginia: Charleston.—On February 25, the KANAWHA VALLEY NURSES' ALUMNAE ASSOCIATION held its annual meeting and elected: President, Alma Elliott; vice presidents, Mrs. Miles Steckel, Jeannette Ward; secretary, Fannie Shuff; treasurer, Isabelle Durie. Myrle Hanna is chairman of the Program Committee.

Wisconsin: Milwaukee.—Members of the Nurses' Club and Directory have voted to amalgamate with District 4 and 5, and as soon as possible the Club house and registry will be turned over to that association. The District Association has issued the first number of an *Official Bulletin*.



Deaths

Barbara Abbie Bayne (Farrand Training School, Harper Hospital, Detroit, Mich.) at Vancouver, B. C., February 13. Miss Bayne had suffered from a heart condition for a number of years, but continued working until September, 1927, when she resigned her position as admitting officer at Harper Hospital, which she had held for over eight years. She made a host of friends both in the nursing profession and with physicians who will miss her keenly. Her constant cheerfulness under all conditions was a marvel to all who came in contact with her.

Mrs. Gudrun Shervey (Miss Bondall, class of 1913, St. Luke's Hospital, Fargo, N. D.) at the Wahpeton Hospital, Wahpeton, on December 30, 1927, after an illness of two years. Mrs. Shervey had taken graduate course at the Polyclinic Hospital and the German Hospital, New York.

Mrs. Opal Ryan Box (class of 1927, Davis Hospital, Pine Bluff, Ark.) at the hospital, February 25, following an operation. Mrs. Box had a cheerful disposition and though so young in the profession, she will be missed by all her nurse associates and friends.

Grace Diakar (class of 1923, St. Anthony's Hospital, Carroll, Iowa) suddenly, on December 7, of embolism. Miss Diakar was one of the first graduates of her school and she had

worked continuously in Carroll and its vicinity. She was on duty when she was stricken. She never failed to attend the meetings of the State Association.

Irene Dufley (class of 1934, Litchfield Hospital, Litchfield, Minn.) at the Litchfield Hospital, on February 28, of tuberculosis. Miss Dufley had done institutional work.

Katharine Evans (class of 1913, Samaritan Hospital, Philadelphia) suddenly, of heart failure, on February 24. Miss Evans was one of the most active and faithful members of her Alumnae Association. She was a private duty nurse and continued her work until the last. She was always smiling and cheerful and had a kind word for everyone. No one will be more missed.

Lydia Owen Grant (class of 1906, Rebekah Hospital, St. Louis, Mo.) on November 26, after a long illness. Miss Grant was a private duty nurse who endeared herself to her patients by her untiring devotion. Her passing is keenly felt by her alumnae associates and is a loss to her profession.

Mary W. Holladay (class of 1905, Hospital of the Protestant Episcopal Church, Philadelphia) on February 11.

Eva C. Hook (class of 1922, Ottumwa Hospital, Ottumwa, Iowa) on February 4, following a gall-bladder operation. Since her graduation, Miss Hook has done private nursing in Ottumwa.

Mary Huber (class of 1918, Grant Hospital, Columbus, Ohio) on January 14, after an illness extending over five years. Miss Huber was active in all nursing affairs, cheerful and smiling to the end. Her loss is felt keenly by all who knew her.

Sister Diana Mary (Diana Kimber) about February 1, in England. (It is hoped that more details will be received, later.)

Bessie Loudenshach (class of 1905, University of Pennsylvania Hospital, Philadelphia) on January 8, at Logansport, Ind., after a brief illness of pneumonia. Miss Loudenshach was at first a private duty nurse and then was visiting nurse for the Harrisburg Social Service Association until ill health forced her to give up active work. She possessed a delightful personality and she will be greatly missed.

Mrs. Bowman Brown (Ruth McCauley, class of 1918, Clearfield Hospital, Clearfield, Pa.) on February 14, at the Clearfield Hospital, of embolism following an operation.

Helen McDonnell (class of 1926, Western Pennsylvania Hospital, Pittsburgh, Pa.) on February 13, of pneumonia, after a short illness. Miss McDonnell was a head nurse in her own hospital. Her sunny disposition and pleasing personality endeared her to all. Services were held at the Nurses' Home.

Florence Veda Miller on February 13. Miss Miller was last employed at the Pontiac City Hospital, Pontiac, Mich.

Lois D. Norton, on January 10, at the Highland Hospital, Asheville, N. C. Miss Norton was a pioneer in neuro-psychiatric work and ranked as one of the foremost nurses in her special line.

Henriette M. Schultz (member of the class of 1926, Kingston Hospital, Kingston, N. Y.) suddenly, on February 19. Miss Schultz was one of the most promising students in the school. Her sunny disposition endeared her to patients and schoolmates alike. Her sterling character has left a wholesome and inspiring influence on all with whom she came in contact. Her passing is a distinct loss to the school.

Edna Stephen (class of 1900, Orange Memorial Hospital, Orange, N. J.) on February 20, in her 76th year. Mrs. Stephen was a charter member of her Alumnae Association and, until her death, took an active part in all that pertained to the advancement of the nursing profession. She was also a charter member of the New Jersey State Nurses' Association; she held the office of President from 1905 to 1907, and was Secretary of the association from 1911 to 1914.

She was a member of the Orange Local Committee of the Red Cross Nursing Service. For several years she served as parish visitor for Grace Church, Orange, where her nursing skill and advice brought comfort to many people. For twenty-five years she was treasurer of the Orange Branch of the Guild of St. Barnabas for Nurses, and through that organization she was known to many throughout the country. She was a pioneer in the Fresh Air Work of the Oranges, often escorting parties of women and children to the Home at Bradley Beach, and giving nursing service there. Through her influence, the New Jersey State Nurses' Association became federated with the State Federation of Women's Clubs in 1902. For the past year, owing to ill health, Mrs. Stephen was forced to relinquish some of her activities, and only entirely gave them up a few days previous to her death. Her funeral was held in Grace Church, Orange, and was attended by a very large gathering of nurses, friends, and former patients, who came to pay a loving tribute. She will be greatly missed, for she was always ready to lend a helping hand.

Myrtle Young (class of 1908, Alexandria Sanitarium, Alexandria, La.) on February 14, at the Baptist Hospital, after an illness of two weeks. Miss Young was a charter member of the Alexandria District Association; she had practiced private duty nursing for twenty years. She was faithful and efficient; her sweet disposition won the hearts of all who knew her. The Association feels her loss keenly, but it will cite her professional career with pride to all private duty nurses as a true daughter of Florence Nightingale.



***H**IS wings are gray and trailing,
 Arael, Angel of Death
 And yet the souls Arael brings
 Across the dark and cold,
 Look up beneath those folded wings,
 And find them lined with gold.*

—Robert Gilbert Welsh.

Advantages of 28-Day Months

THE benefits derived by using 13 months of four weeks each, with the Year-Day-Sunday inserted as the 8th day ending each year's last week, will be shared by all classes of society—by those engaged in business affairs, by church authorities, in the professions, by women, by farmers, by school directors, who can equalize educational periods, and others. These benefits may be summarized as follows:

1. All months would be equal, having exactly the same recurring 28 week-days.
2. The day of the week would always indicate the monthly date, and conversely, the monthly date would indicate its week-day name. Both day and date could be recorded on clock and watch dials.
3. The complete four weeks would exactly quarter all months, harmonizing weekly wages and expenses with monthly rent, accounts, etc.
4. Pay-days would recur on the same monthly date, which would facilitate both business and home life.
5. Each week-day would recur on its four fixed monthly dates, thereby making more regular the weekly and monthly work, payments, production, etc.
6. All periods for earning and spending would be either equal to or exact multiples of each other.
7. Holidays and other permanent monthly dates would always occur on the same week-day.
8. Every month-end would coincide with the week-end. Fractions of weeks at month-ends would cease.
9. The month of exactly four weeks would obviate many of the adjustments now necessary between four- and five-week months. All months would be comparable without any adjustments being made for unequal days or unequal number of weeks.
11. All holidays could be placed on Monday with advantage both for industry and for workers.
12. Easter could be fixed, which would be of benefit to churches, to certain industries, and to schools.
13. As there would be 13 monthly settlements during the year instead of 12, there would be a faster turnover in money; the same volume of business could be handled with less money. This would result in considerable saving throughout every country as a whole.

14. There would be a saving of money in printing calendars, and of time in referring to calendars.

15. For women, the 28-day lunar month is Nature's regulating unit, which constantly times their physical periods of 28-days, and the 280-days of developing motherhood. Half of humanity is composed of women, every one of whom will be greatly benefited by the 28-days per month calendar in their personal reckonings of exactly one month and 10 months.

16. Special attention is called to the advantages to industry if all holidays are placed on Monday. Great saving will be effected by having a holiday on Monday instead of the middle of the week. There is even a greater advantage to labor to have this arrangement that gives to workers two or three days together whenever holidays occur.—From "Calendar Simplification."



"THE fact that more than one hundred and fifty conventions of every kind and size are held in Louisville, every year, is sufficient proof of what the nation thinks of Louisville as a business, social, educational and religious center. Louisville has the bustle of the East, the thrift of the North, the optimism of the West and the hospitality of the South—'where Northern enterprise meets Southern hospitality.'"



The Unmarried Mother

THE psychologist of the Minnesota State Board of Control reports that in a group of nearly 350 unmarried mothers whose children were born in Twin Cities hospitals during a recent year, there was over four times as large a proportion of feeble-minded as among a group of some 7,000 school children. She estimates that about 2,000 children born out of wedlock are being supported by the state at an annual expense of approximately half a million dollars. The early detection and care of the feeble-minded, more visiting teachers and social workers, and more club and neighborhood houses are suggested by her as preventive measures.—Children's Bureau, Washington, D. C.

About Books

HYGIENE. By Florence Lyndon Meredith, M.D. Illustrated. 719 pages. P. Blakiston's Son and Company, Philadelphia. Price, \$3.50.

THE contents of the book ^{is} divided into four main parts, with six introductory chapters dealing with health problems, in Part I. Part II contains twelve chapters on the Anatomy and Physiology of the human body. Part III contains six chapters on Pathological Conditions. Part IV contains twenty-four chapters on Hygiene.

In Part I is an excellent chapter on "The Discerning Attitude towards Health." To quote the author:

There should develop an ability to distinguish between health and the lack of it so that no sub-maximum state will be tolerated any longer than it must be. Hygiene study should convince all of its students of the desirability of investigating any departure from health and of not enduring discomfort or disability without finding out if it may not be gotten rid of and its recurrence prevented.

The author states that the study of hygiene should teach the ability to distinguish between health and the lack of it; to be wary of waiting for symptoms to pass off, and the folly of emergency living; to distinguish between health practices and health fads and cults, and to lead to a clear conception of the legitimate use of drugs and medicines and the unwarranted use of them.

Parts II and III are less important for students of nursing, as these subjects are well covered in other courses of study.

Part IV, however, is of tremendous importance, and is written with style and accuracy. Teachers using the textbook are asked by the author to supplement classroom discussion by

demonstrations and experiments, and the main emphasis is placed on laboratory work, on experiments, observations and inferences regarding health procedures in daily living.

The Chapter on "Posture and Body Mechanics" is well illustrated and written in a convincing manner. The chapters on "Fatigue" and "Rest and Sleep" are particularly good and well illustrated. "Nutrition" and the "Hygiene of Eating," as well as "Food and Diet," are considered in three separate chapters with illustrations. Chapters 35, 36 and 37 are devoted to the Hygiene of Excretion and Clothing and Bathing.

Chapter 42 on the "Nervous System," in Part IV, includes about thirty pages on Mental Hygiene and is excellent information for any student. Quoting from the author:

Until recently it was not known that there were scientific procedures to keep the mind in health. But many minds remain well in spite of lack of knowledge, just as did bodies before hygiene of the physical life reached its present status. The advantage of the present knowledge over the previous haphazard methods is that now results may be counted on, instead of merely being hoped for.

For student nurses, Part II on "Hygiene" is well worth the study for supplementary reading in a course in Hygiene. The six chapters on Pathological Conditions in Part III are good supplementary readings in courses in Pathology.

As a textbook for college students, the author reaches her aim in giving an exhaustive study of the human body, together with a health ideal and a hygienic basis for treatment. For student nurses, it would be a good reference book, as it combines the study of physiology, pathology and hygiene in such a way as to give the

student a scientific approach for all problems of healthy living.

ELSA M. MAURER, R.N., M.A.
New York.

MATERIA MEDICA AND THERAPEUTICS FOR NURSES. By John A. Foote, M.D. Fourth edition. 36 illustrations. 385 pages. J. B. Lippincott Company, Philadelphia. Price, \$2.50.

THIS book is a revision of a former edition in which the author has aimed at producing a text which would conform to the suggested outline in the "Curriculum for Schools of Nursing."

The contents of the book includes the following phases of the subject: (1) Mathematics, (2) Drugs and Solutions, (3) Advanced Materia Medica, (4) Methods of Instruction.

The first twenty-nine pages are devoted to a comprehensive review of those principles of arithmetic with which the student should be familiar at the outset of a course in Materia Medica.

Part One includes the material which is usually presented in a course in Drugs and Solutions. The subject matter is arranged in fifteen topics with directions for laboratory exercises. The opening chapter, introducing the Metric System, is unusually well presented and the author has made use of illustrations from the Metric Association of New York which should be decidedly helpful to both instructor and student.

Unlike many texts dealing with Drugs and Solutions, there is a greater attempt on the part of the author to develop the subject from the basic fundamentals, rather than an exposition of many rules. The method emphasized is that of ratio and proportion.

The laboratory exercises are de-

signed, for the most part, to afford practice in weighing, measuring, making solutions, and the preparation of fractional doses. Exceptions to these are those exercises which are intended to familiarize the student with the characteristics of the active principles of drugs. The directions for performing these exercises are stated in such a way that they lose most of their experimental value. It is generally conceded that one of the objects of laboratory practice is to afford the student an opportunity for discovering things for himself. To what extent such an opportunity would be lost to a student may be seen from the following directions:

Add some alkaloid morphine to water in a test tube. Note that it does not dissolve. Add a few drops of hydrochloric acid. Note that the alkaloid dissolves.

The chapter devoted to poisons and antidotes includes, in detail, many of the drugs and chemicals which are not studied until the more advanced course. Logically and psychologically this is not a good arrangement.

Since, in the majority of schools, the administration of preparations for local or external action is taught as a part of the nursing procedures, it is to be questioned whether or not the illustrations of a rectal irrigation, an eye irrigation, the application of adhesive plaster for an umbilical hernia, etc., might not belong in a textbook of nursing procedures rather than in a Materia Medica text.

Part Two of the text includes the material which is usually presented in an advanced course in Materia Medica and Therapeutics. It includes, not only the more commonly used drugs, but the various therapeutic agents used in treating disease.

The introductory chapter is devoted largely to a brief historical survey of Therapeutics and a section

intended for a review of the physiological systems, together with a brief discussion of the action of drugs upon these systems. Since the author has grouped the drugs according to the system upon which they have their chief action, it would be more logical to have the review of each system immediately preceding the group of drugs acting upon that system.

After each chapter heading is indicated the number of study periods to be allotted to the material under consideration. This would not seem to be of any special advantage for reasons obvious to an instructor.

At the close of each chapter is a list of questions, largely of the factual type. Such questions are generally conceded to be of doubtful value. It is to be hoped that the suggestion of the author, "Examination questions might be selected from these or from 'State Board Questions and Answers by Foote'," will not be taken seriously by an instructor.

In considering the importance and the frequency of administration of certain drugs, some portions of the text seem too much condensed, as Opium and Digitalis.

One of the most valuable parts of the book is to be found in the Appendix under "Methods of Instruction." Dr. Foote clearly recognizes the worthlessness of a course confined to classroom teaching and in the closing pages of his book offers thirty-two very good suggestions for ward clinics.

In addition to the weaknesses already cited, the inconspicuous chapter headings would seem a factor in detracting from the value of the book as a text.

The book is well indexed and is up to date in accordance with those changes in the tenth revision of the United States Pharmacopoeia. With

regard to some of the more recent tendencies in dosage of special drugs, such as Digitalis, the author has said nothing.

On the whole, the book does not seem to present the essentials of a desirable text, and it has been too greatly condensed to be of much value as a reference. It might be used as a guide by an ingenious instructor, but even in this respect it has its limitations.

LEILA IONE GIVEN, R.N.

Cleveland, Ohio.

GYNECOLOGY FOR NURSES. By H. S. Crossen, M.D., F.A.C.S. 281 pages. Illustrated. The C. V. Mosby Company, St. Louis, Mo. Price, \$2.75.

THE year 1927 brought a contribution to nursing literature of "Gynecology for Nurses" from the pen of the well known medical writer, H. S. Crossen, M.D. The aims of the book, as set forth by the author, are to make possible more intelligent nursing care of gynecological patients, to assist the physicians by securing accurate execution of their orders, and to help nurse supervisors in training their student nurses. The content, while limited in scope, is quite worth while. As Dr. Crossen states, there are points of detail concerning which opinions would differ. This disagreement is especially true today when nursing procedures are receiving such keen scrutiny in the endeavor to bring them up abreast with modern scientific facts. The material is well arranged for easy reference through its outline of contents, index, and paragraph headings. A very strong feature of the book is its many excellent illustrations. The illustrations have been well selected and for the most part are exceedingly good in all respects. However, some of the

photographic illustrations of Part II would have been greatly improved, both from a technical and an artistic standpoint, by proper retouching of the photographs before the cuts were made from them. The general make-up of the book is good and the type sufficiently large, clear, and distinct. The book is possibly best classified as a reference book for comparative reference in gynecological procedure and operative technic. But as a reference book for gynecology it cannot possibly compare with nor take the place of another of the author's books; namely, *Diseases of Women*.

M. CORDELIA COWAN, B.S., R.N.
New York.

TEXTBOOK OF GYNECOLOGY. By James Young, D.S.O., M.D., F.R.C.S. (Edin.). Second Edition. 338 pages. Illustrated. The Macmillan Company, New York. Price, \$2.75.

RECEIVING the second edition of the "Textbook of Gynecology," by James Young, M.D., was like greeting an old friend just back from an interesting convention, substantially the same old friend but full of new ideas. There is a wealth of material in this little book which has been revised and brought up to date. In line with recent scientific investigation, there have been many interesting additions, such as the cyclic changes in the ovary and the bearing of these upon menstruation and the proved curative value of radium. The book gives a comprehensive treatment of gynecology, the five first chapters dealing with the normal anatomy and physiology, and then taking up in order: Examination of the Patient, Symptoms of Gynecology, Displacements of the Uterus, Infection of the Genital Canal, Extra-uterine Preg-

nancy, New Growths, Development and Errors of Development, Atresia, and Operative Gynecology. One hundred and eighty-three illustrations well selected and excellently reproduced bring out many important points the author wishes to emphasize and clarify. Splendid organization of material makes the book one of very easy reference through its good index, table of contents, and paragraph headings. The book at once gains one's interest because of the author's style, so clear, simple, and concise. Among other good qualities of the book are its good grade of paper without gloss, its moderate price, and convenient size. Because the book is not a large one, the type is necessarily of only fair size but it is clear and not difficult to read. The book as a whole is an excellent one for reference in any nursing school library.

M. CORDELIA COWAN, B.S., R.N.
New York.

AN HISTORICAL SKETCH, 1903-1928, WITH A PROLOGUE OF NURSING HISTORY IN MARYLAND PRIOR TO 1903. By Helen C. Bartlett, R.N. 53 pages. J. H. Furst Co., Baltimore, Md.

THE Maryland State Nurses' Association celebrated its 25th anniversary by publishing this modest story of its own history. The prologue enumerates the schools organized prior to the first meeting of the Association on December 14, 1903. Intensely interesting are the data given on Louise Parsons, first Superintendent of Nurses at the University Hospital, Miss Hampton (Mrs. Robb), and Miss Nutting. It is noted, too, that two successful registries for nurses were conducted in those early days. The inauguration of the Baltimore Instructive Visiting Nurse

Association was also organized in the days "back of beyond" (1896).

A chapter is devoted to "The First Annual Meeting." That on "The First Decade" has subheadings for State Registration, Tuberculosis Nursing, the School Nurse, Red Cross Nursing Service, and the Central Directory; in "The Second Decade," State Registration was still a matter of first importance. Here is a part of the glowing story of Maryland nurses in the World War.

The final chapter is devoted to Current History, 1923 on, and includes brief summaries of the work of the State League of Nursing Education and of the State Organization for Public Health Nursing. The record is a brilliant one, for the total membership, on January 1, 1928, was just over fifteen hundred.

A TEXTBOOK OF NURSING TECHNIQUE.

By Hester K. Frederick, R.N. 220 pages. Illustrated. The Macmillan Company, New York. Price, \$2.50.

THE author of this book, now principal of a school for nurses, was for a considerable time instructor in practical nursing in the Johns Hopkins Hospital School for Nurses. The procedures have, therefore, been given thorough tests. As the content is limited entirely to procedure, Miss Frederick recommends its use in connection with a comprehensive textbook on the Principles and Practice of Nursing.

THE YOUNG MAN AND MEDICINE.

By Lewellys F. Barker, M.D.,

LL.D. 202 pages. The Macmillan Company, New York.

THIS interesting little book is one of a vocational series of twelve books. In addition to being informative, it will prove suggestive to those who have occasion to give vocational talks on nursing.

A NEW CRANFORD. Being a More or Less True Account of an Experiment. By Isabel McIsaac, R.N., Former Superintendent of Illinois Training School for Nurses, and Superintendent of the Army Nurse Corps.

THE *Journal* has on hand a supply of this interesting little book, and as storage space is very limited, the price has been reduced from 25 cents to 15 cents, so that a number of nurses may enjoy this charming book of adventure. The American Journal of Nursing, 19 West Main St., Rochester, N. Y.

BOOKS RECEIVED

HANDBOOK FOR IMMIGRANTS TO THE UNITED STATES. By Marian Schibasy. Published by the Foreign Language Information Service, New York, 1928. 180 pages. Price, \$1.

MODERN BAKING POWDER. By Juanita E. Darrak. 125 pages, illustrated. The Commonwealth Press, Chicago, 1927. Price, \$1.

TEXTBOOK OF ANATOMY AND PHYSIOLOGY, for nurses and maids. By R. H. Robbins. 411 pages. Illustrated. Faber and Gwyer, London, 1928. Price, 10/6.

FOOD AND HEALTH, AN INTRODUCTION TO THE STUDY OF DIET. By A. Barbara Callow. 96 pages. Illustrated. Oxford University Press, American Branch, New York. Price, \$1.

Some Other Books Worth Reading

BY ISABEL ELY LORD

THOSE who read the first volume of Mark Sullivan's "Our Times, 1900-1925" will take the first opportunity to read the second. The first was "The Turn of the Century": this is "America Finding Herself." In some subjects it comes down no later than 1905, but as in the other volume in some, more time is included—the whole of Roosevelt's presidency, for example. It is tempting to say that the book is as easy to read as a novel. Would that all novels were as fascinating! The chapters on "The American Mind" and "The American Common School" are in themselves worth many panegyrics. Understanding ourselves as a nation is no simple task, and Mr. Sullivan offers one of the most valuable helps to it. You can read the book for entertainment alone—but something else will stick. See if it doesn't!

After skimming over the surface with Mr. Sullivan, with only occasional dips into the depths, try digging a little—or a good deal—deeper with André Siegfried's "America Comes of Age: a French Analysis." You may not always agree with him, but you cannot help it in most of the book, and you will get from it a renewed determination that this our experiment in democracy shall not fail for any lack of effort on your part. M. Siegfried is at the same time impartial and friendly, keen and kindly, and those do well who listen to what he has to say of our past, our present and our future. His article in the March *Atlantic*, "The Gulf between: the Widening Gap between Europe and the United States," is a fine supplement to the book.

When a novel wins a \$10,000 prize from the *Atlantic Monthly*, it is all but inevitable that it should become a best seller. Maso de La Roche's "Jalna" has everywhere been hailed as worthy of the prize. The grandmother who dominates the family and reaches her hundredth year is the central figure, but there are many more of the family in the pattern. It is not always a pleasant book, but one full of reality as to character and also full of beautiful word pictures of nature. And there is a delightful small boy in it.

As unusual as it is enjoyable, Thornton Wilder's "The Bridge of San Luis Rey" has commanded the admiration of both critics and the general public. One day in the early eighteenth century the finest bridge in Peru broke, hurling to their death in the gorge below, five travellers. A monk who saw them fall sought out their stories, in the hope of "justifying the ways of God to man." Here they are, those stories, like portraits drawn with unerring understanding. Read it.

Did you know that Henry Holt and Company have now issued Romain Rolland's "Jean Christophe" in one volume at \$5.00? It has been in three before, but this is clearly printed and a pleasant volume.

De La Roche, M. *Jalna*. Little, Brown, \$2.

Siegfried, A. *America Comes of Age*. Harcourt, Brace, \$3.

Sullivan, M. *Our Times*. v. 2. Scribner, \$5.

Tomlinson, H. B. *Galileo's Reach*. Harper, \$2.50.

Wilder, T. *The Bridge of San Luis Rey*. Doubt, \$2.50.

Official Directory

International Council of Nurses.—Sec., Christiana Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company.—Pres., Emma M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Stella Goetzky, Children's Hospital, Boston. Treas., Mary M. Riddle, care American Journal of Nursing, Rochester, N. Y. Edit. M. M. Lawler, Baltimore; Sally Johnson, Boston; Mrs. Elizabeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C. Editorial office, 370 Seventh Ave., New York. Business office, 19 W. Main St., Rochester, N. Y.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burges, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Pres., S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston. 19, Mass. Headquarters Sec., Janet M. Gaiser, 370 Seventh Ave., New York. Sections: Private Duty, Chairman, Vada G. Sampson, 1517 S. Van Ness Ave., Los Angeles, Calif. Mental Hygiene, Chairman, Elsie J. Taylor, New Haven Hospital, New Haven, Conn. Legislation, Chairman, A. Louise Dierick, 1001 E. Nevada St., El Paso, Tex. Government Nursing Service Section, Chairman, Lucy Minnickrode, U. S. Public Health Nursing Service, Washington, D. C. Red Cross Fund Committee, Chairman, Mrs. Janette F. Peterson, 680 South Marquette Ave., Pasadena, Cal. Revision Committee, Chairman, Dora M. Cornelison, 148 Summit Ave., St. Paul, Minn.

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Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnickrode, office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Indian Bureau.—Field Director of Nurses, Elmer D. Gregg, Office of the Medical Director, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

State Associations of Nurses

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Anna C. Jammé, State Building, San Francisco.

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